

ORD INFORMATION  
RESOURCE CENTER, HCFA

# MEDICARE / MEDICAID NURSING HOME INFORMATION

PENNSYLVANIA

Part 1

AKRON to HAVERFORD



U.S. DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
HEALTH CARE FINANCING ADMINISTRATION

87/88





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## PENNSYLVANIA

Part 1

AKRON TO HAVERFORD

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Secretary

U.S. Department of Health & Human Services

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Administrator

Health Care Financing Administration

The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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The Administrator  
Washington, D.C. 20201

## INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, "Further Considerations." This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

William L. Roper, M.D.  
Administrator

## USES AND LIMITATIONS

### Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see "Further Considerations") provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

## Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a "snapshot" of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.



## DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.



## **SOURCES OF INFORMATION**

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the "State Government" section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

### **Public and General Sources**

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

### **State Government**

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.



## Department of Health

HARRISBURG

### Overview of Nursing Home Licensure Program

Nursing homes are licensed in Pennsylvania by the Division of Long Term Care in the Department of Health in accordance with the Health Care Facilities Act (136-1980). The law provides for licensure periods of up to one year when an inspection by the Department confirms that the patient care and services provided by the home are acceptable.

No distinction is made between levels of care for state licensure; one set of licensure regulations apply to all nursing homes operated in the state. Inspections (surveys) are conducted annually by health care professionals who are predominantly registered nurses.

Pennsylvania's regulations were upgraded in 1987 and include a provision for 24-hour coverage by a registered nurse in all nursing homes. There are 679 nursing homes in Pennsylvania serving more than 86,000 residents.

### Overview of Enforcement System

When substandard conditions are found in any facility, the nursing home must submit a plan to correct the conditions to the Department. The Department monitors compliance with the plan to correct deficiencies and may also apply a variety of sanctions as provided in state law.

Provisional Licenses - May be issued for periods of time up to six months. Only four consecutive provisional licenses may be issued.

Bans - Prohibiting the admission of patients may be applied.

Civil Penalties - May be levied at \$100 per day per deficiency until deficiencies are corrected.

Licensure Revocation - Orders withdrawing licenses to operate may be issued.

Appointment of Master - The Department may petition the court to appoint a Master (operator) for the facility.

During the calendar year 1987, 98 Provisional Licenses were issued, admissions were banned in 24 facilities, Civil Penalties were levied to 10 facilities, and 5 licenses were revoked.

P.O. BOX 90, HARRISBURG, PA 17106



## Department of Health

HARRISBURG

### Resources Available to Consumers

- State survey agencies: Joyce McNamara, R.N., Director  
Division of Long Term Care  
Pennsylvania Department of Health  
Room 526 Health and Welfare Building  
Harrisburg, PA 17120  
(717) 787-1816

The Division is responsible for licensure/certification of nursing homes.

- State Office on Aging: Pennsylvania Department of Aging  
6th Floor Barto Building, 231 State Street  
Harrisburg, PA 17120  
(717) 783-1550
- Ombudsman program: Laurie Sisak  
Pennsylvania Department of Aging  
Bureau of Advocacy  
5th Floor Barto Building, 231 State Street  
Harrisburg, PA 17101  
(717) 783-7247

In Pennsylvania, the Ombudsman Program is under the auspices of the Department of Aging and operated through the Area Agencies for Aging in each county. An interagency agreement between the Departments of Health and Aging provide for the referral and investigation of complaints and the sharing of information between agencies.

- Complaint units or "hot lines": Governor's Hotline, 1-800-932-0784
- Medicaid fraud unit: Charles P. Mackin, Jr., Director  
Medicaid Fraud Control Section  
Office of Attorney General  
16th Floor Strawberry Square Building  
Harrisburg, PA 17120  
(717) 783-1480
- Nursing home  
survey results: Division of Long Term Care  
526 Health and Welfare Building  
Harrisburg, PA 17120  
(717) 787-1816
- Medicare/Medicaid  
Certification data: U.S. Department of Health and Human Services  
Health Care Financing Administration  
Region III  
P.O. Box 7760, 3535 Market Street  
Philadelphia, PA 19101  
(215) 596-6571

P.O. BOX 90, HARRISBURG, PA 17108

## **Federal Government**

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

### **Office of the Inspector General (OIG)**

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers

Outside Maryland: 1-(800) 368-5779

Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

### **Administration on Aging (AoA)**

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

- 1) creates and supports a national network on aging;
- 2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
- 3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.



## AoA Regional Offices

Regional Program Director, AoA  
DHHS Region I  
Room 2011  
JFK Federal Building  
Boston, MA 02203  
(617) 565-1158

Regional Program Director, AoA  
DHHS Region III  
3535 Market Street  
P.O. Box 13716  
Philadelphia, PA 19101  
(215) 596-0334

Regional Program Director, AoA  
DHHS Region V  
13th Floor  
300 South Wacker Drive  
Chicago, IL 60606  
(312) 353-3141

Regional Program Director, AoA  
DHHS Region VII  
Room 384  
601 East 12th Street  
Kansas City, MO 64106  
(816) 426-2955

Regional Program Director, AoA  
DHHS Region IX  
Room 480  
Federal Office Building  
50 United Nations Plaza  
San Francisco, CA 94102  
(415) 556-6003

Regional Program Director, AoA  
DHHS Region II  
Room 4149  
26 Federal Plaza  
New York, NY 10278  
(212) 264-3472

Regional Program Director, AoA  
DHHS Region IV  
Suite 903  
101 Marietta Tower  
Atlanta, GA 30323  
(404) 331-5900

Regional Program Director, AoA  
DHHS Region VI  
Room 1000  
1200 Main Tower Building  
Dallas, TX 75202  
(214) 767-2971

Regional Program Director, AoA  
DHHS Region VIII  
Room 1185  
Federal Office Building  
1961 Stout Street  
Denver, CO 80294  
(303) 844-2951

Regional Program Director, AoA  
DHHS Region X  
The Third and Broad Building  
2901 Third Avenue  
Seattle, WA 98121  
(206) 442-5341

## Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

### OCR Regional Offices

Director, OCR  
DHHS Region I  
Room 2403  
JFK Federal Building  
Boston, MA 02203  
(617) 565-1340

Director, OCR  
DHHS Region III  
Room 6300  
3535 Market Street  
P.O. Box 13716  
Philadelphia, PA 19101  
(215) 596-1262

Director, OCR  
DHHS Region V  
33rd Floor  
300 South Wacker Drive  
Chicago, IL 60606  
(312) 353-2520

Director, OCR  
DHHS Region VII  
Room 248  
601 East 12th Street  
Kansas City, MO 64106  
(816) 426-7277

Director, OCR  
DHHS Region IX  
Room 322  
Federal Office Building  
50 United Nations Plaza  
San Francisco, CA 94102  
(415) 556-8586

Director, OCR  
DHHS Region II  
Room 3312  
26 Federal Plaza  
New York, NY 10278  
(212) 264-3313

Director, OCR  
DHHS Region IV  
Room 1502  
101 Marietta Tower  
Atlanta, GA 30323  
(404) 331-2779

Director, OCR  
DHHS Region VI  
Room 1360  
1200 Main Tower Building  
Dallas, TX 75202  
(214) 767-4056

Director, OCR  
DHHS Region VIII  
Room 844  
Federal Office Building  
1961 Stout Street  
Denver, CO 80294  
(303) 844-2024

Director, OCR  
DHHS Region X  
The Third and Broad Building  
2901 Third Avenue  
Seattle, WA 98121  
(206) 442-0473

## **Health Care Financing Administration (HCFA)**

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

- 1) quality health care to eligible beneficiaries;
- 2) awareness of the services for which beneficiaries are eligible; and
- 3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

### **HCFA Regional Offices**

Associate Regional Administrator  
DHHS Region I, HCFA  
Division of Health Standards and Quality  
Room 1309  
JFK Federal Building  
Boston, MA 02203  
(617) 565-1331

Associate Regional Administrator  
DHHS Region III, HCFA  
Division of Health Standards and Quality  
3535 Market Street  
P.O. Box 7760  
Philadelphia, PA 19101  
(215) 596-0997

Associate Regional Administrator  
DHHS Region V, HCFA  
Division of Health Standards and Quality  
Room 941  
175 West Jackson Boulevard  
Chicago, IL 60604  
(312) 353-9804

Associate Regional Administrator  
DHHS Region VII, HCFA  
Division of Health Standards and Quality  
Room 284  
601 East 12th Street  
Kansas City, MO 64106  
(816) 374-2408

Associate Regional Administrator  
DHHS Region IX, HCFA  
Division of Health Standards and Quality  
100 Van Ness Avenue  
San Francisco, CA 94102  
(415) 556-0041

Associate Regional Administrator  
DHHS Region II, HCFA  
Division of Health Standards and Quality  
Room 3821  
26 Federal Plaza  
New York, NY 10278  
(212) 264-3219

Associate Regional Administrator  
DHHS Region IV, HCFA  
Division of Health Standards and Quality  
Suite 601  
101 Marietta Tower  
Atlanta, GA 30323  
(404) 331-2488

Associate Regional Administrator  
DHHS Region VI, HCFA  
Division of Health Standards and Quality  
Room 2000  
1200 Main Tower Building  
Dallas, TX 75202  
(214) 767-6301

Associate Regional Administrator  
DHHS Region VIII, HCFA  
Division of Health Standards and Quality  
Room 1194  
Federal Office Building  
1961 Stout Street  
Denver, CO 80294  
(303) 844-4721

Associate Regional Administrator  
DHHS Region X, HCFA  
Division of Health Standards and Quality  
2901 Third Avenue  
Seattle, WA 98121  
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts,  
New Hampshire, Rhode Island, and  
Vermont

Region III/Philadelphia

Delaware, District of Columbia,  
Maryland, Pennsylvania, Virginia,  
and West Virginia

Region V/Chicago

Illinois, Indiana, Michigan,  
Minnesota, Ohio, and Wisconsin

Region VII/Kansas City

Iowa, Kansas, Missouri, and  
Nebraska

Region IX/San Francisco

Arizona, California, Hawaii,  
Nevada, American Samoa, and Guam

Region II/New York

New Jersey, New York,  
Puerto Rico, and  
Virgin Islands

Region IV/Atlanta

Alabama, Florida, Georgia,  
Kentucky, Mississippi,  
North Carolina, South Carolina,  
and Tennessee

Region VI/Dallas

Arkansas, Louisiana,  
New Mexico, Oklahoma, and  
Texas

Region VII/Denver

Colorado, Montana,  
North Dakota, South Dakota,  
Utah, and Wyoming

Region X/Seattle

Alaska, Idaho, Oregon,  
and Washington



## FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

### General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

## **Physical Environment**

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

## **Medical and Nursing Services**

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

## **Food**

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

## **Social Services and Activities**

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

## GLOSSARY OF TERMS

### **Resident Characteristics and Facility Performance Indicators**

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

**Bed Sore.** A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are “pressure sore” or “decubitus.”

**Catheter.** See **Urinary Catheter.**

**Colostomy or Ileostomy.** A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

**Fluids Supplied Through Tubes.** A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

**Incompetent.** A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

**Injections.** Medicine given by inserting a needle into muscle or tissue.

**Isolation Techniques.** These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

**Rehabilitative Bowel and Bladder Training.** A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

**Respiratory Care.** A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

**Restraints.** Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.



**Skin Breakdown.** When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

**Suctioning.** A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

**Tracheotomy Care.** A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

**Transferring.** This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

**Urinary Catheter.** A tube inserted into the bladder to remove urine.

## HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

### EXAMPLE

## NURSING HOME PROFILE Happy Valley Nursing Home

Street Address:		City and State:	
Participation:	# of Beds:	Type of Ownership:	Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

**Name:** Self-explanatory  
**Street Address:** Self-explanatory  
**City and State:** Self-explanatory

**Participation:** The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

**Skilled Nursing Facility (SNF)** — A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

**Intermediate Care Facility (ICF)** — A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

**Number of Beds:** This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

**Type of Ownership:** This block describes the type of organization that operates the nursing home. These include:

**Non-profit-religious** — A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

**Non-profit-private** — A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

**Non-profit-other** — A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

**Proprietary** — A nursing home operated for profit.

**Government** — A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

**Survey Date:** The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.



## EXAMPLE

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.		78	83.0	81.0	81.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1 — Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 — Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 — State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4 — Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

## EXAMPLE

### SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	6	5.0	489	5.0

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Column 1 — Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

Column 2 — State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3 — State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4 — Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5 — Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

## NURSING HOME PROFILE MAPLE FARM NURSING CTR

<b>Street Address:</b>		<b>City and State:</b>	
BOX F		AKRON PA 17501	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE SNF	123	PROPRIETARY	10/30/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
97	1	0	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	78	80.4	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	85	87.6	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	75	77.3	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	79.4	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	71	73.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.	36	37.1	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	24	24.7	34.9	37.7
<b>Completely bedfast residents.</b>	3	3.1	2.3	3.4
<b>Residents confined to chairs.</b>	27	27.8	52.1	50.8
<b>Residents requiring restraints.</b>	41	42.3	40.3	41.3
<b>Confused or disoriented residents.</b>	49	50.5	57.4	58.4
<b>Residents with bed sores.</b>	12	12.4	7.8	7.1
<b>Residents receiving special skin care.</b>	30	30.9	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE GOLFVIEW MANOR NRSG HM

<b>Street Address:</b>		<b>City and State:</b>	
616 GOLF COURSE RD		ALIQUIPPA PA 15001	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	59	PROPRIETARY	10/23/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
55	0	46		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	45	81.8	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	47	85.5	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	41	74.5	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	78.2	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	41	74.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	7	12.7	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	21	38.2	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	43	78.2	52.1	50.8
<b>Residents requiring restraints.</b>	30	54.5	40.3	41.3
<b>Confused or disoriented residents.</b>	41	74.5	57.4	58.4
<b>Residents with bed sores.</b>	6	10.9	7.8	7.1
<b>Residents receiving special skin care.</b>	1	1.8	34.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CEDARBROOK LEHIGH CO HOME

<b>Street Address:</b>		<b>City and State:</b>	
350 S CEDARBROOK RD		ALLENTOWN PA 18104	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	624	LOCAL GOVERNMENT	06/11/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
621	3	584

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	532	85.7	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	550	88.6	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	463	74.6	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	574	92.4	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	391	63.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	258	41.5	34.9	37.7
<b>Completely bedfast residents.</b>	29	4.7	2.3	3.4
<b>Residents confined to chairs.</b>	440	70.9	52.1	50.8
<b>Residents requiring restraints.</b>	344	55.4	40.3	41.3
<b>Confused or disoriented residents.</b>	442	71.2	57.4	58.4
<b>Residents with bed sores.</b>	83	13.4	7.8	7.1
<b>Residents receiving special skin care.</b>	333	53.6	34.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE GOOD SHEPHERD HOME

<b>Street Address:</b>		<b>City and State:</b>	
SIXTH + ST JOHN STS		ALLENTOWN PA 18103	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	135	NON-PROFIT RELIGIOUS	06/12/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
135	0	129		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	128	94.8	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	127	94.1	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	127	94.1	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	127	94.1	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	56	41.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	67	49.6	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	58	43.0	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	133	98.5	52.1	50.8
<b>Residents requiring restraints.</b>	1	0.7	40.3	41.3
<b>Confused or disoriented residents.</b>	9	6.7	57.4	58.4
<b>Residents with bed sores.</b>	6	4.4	7.8	7.1
<b>Residents receiving special skin care.</b>	88	65.2	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LIBERTY NURSING + REHAB CTR

<b>Street Address:</b> 17TH ALLEN STS		<b>City and State:</b> ALLENTOWN PA 18104	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 150	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 08/03/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 146	<b>Medicare Residents:</b> 8	<b>Medicaid Residents:</b> 8	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	124	84.9	79.6	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	125	85.6	83.9	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	116	79.5	73.4	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	121	82.9	76.0	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	27	18.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	4	2.7	7.4	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	68	46.6	34.9	37.7
Completely bedfast residents.	5	3.4	2.3	3.4
Residents confined to chairs.	72	49.3	52.1	50.8
Residents requiring restraints.	63	43.2	40.3	41.3
Confused or disoriented residents.	75	51.4	57.4	58.4
Residents with bed sores.	2	1.4	7.8	7.1
Residents receiving special skin care.	11	7.5	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LUTHER CREST NSG FACILITY

<b>Street Address:</b> 800 HAUSMAN RD		<b>City and State:</b> ALLENTOWN PA 18104	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 60	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 06/09/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 59	<b>Medicare Residents:</b> 2	<b>Medicaid Residents:</b> 10	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	44	74.6	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	50	84.7	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	46	78.0	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	78.0	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	38	64.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	24	40.7	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	17	28.8	52.1	50.8
<b>Residents requiring restraints.</b>	18	30.5	40.3	41.3
<b>Confused or disoriented residents.</b>	34	57.6	57.4	58.4
<b>Residents with bed sores.</b>	2	3.4	7.8	7.1
<b>Residents receiving special skin care.</b>	0	0.0	34.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE PARKWAY REST HOME

<b>Street Address:</b>		<b>City and State:</b>	
3600 HAMILTON ST		ALLENTOWN PA 18104	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	28	PROPRIETARY	06/17/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
27	0	18	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	24	88.9	75.5	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	24	88.9	77.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	17	63.0	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	92.6	68.0	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	16	59.3	62.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	10.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	9	33.3	29.6	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.1	3.6
<b>Residents confined to chairs.</b>	4	14.8	35.3	39.1
<b>Residents requiring restraints.</b>	11	40.7	32.9	31.7
<b>Confused or disoriented residents.</b>	26	96.3	59.3	55.8
<b>Residents with bed sores.</b>	1	3.7	3.2	4.7
<b>Residents receiving special skin care.</b>	6	22.2	30.2	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PHOEBE HOME INC

<b>Street Address:</b>		<b>City and State:</b>	
1925 TURNER ST		ALLENTOWN PA 18104	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	388	NON-PROFIT RELIGIOUS	08/21/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
373	1	129		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	256	68.6	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	254	68.1	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	199	53.4	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	234	62.7	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	228	61.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	128	34.3	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	84	22.5	34.9	37.7
<b>Completely bedfast residents.</b>	2	0.5	2.3	3.4
<b>Residents confined to chairs.</b>	135	36.2	52.1	50.8
<b>Residents requiring restraints.</b>	98	26.3	40.3	41.3
<b>Confused or disoriented residents.</b>	174	46.6	57.4	58.4
<b>Residents with bed sores.</b>	22	5.9	7.8	7.1
<b>Residents receiving special skin care.</b>	117	31.4	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	7	1.2	201	2.1
MET	12	2.1	518	5.5
MET	4	0.7	168	1.8
MET	30	5.1	806	8.5
MET	42	7.2	1618	17.1
MET	1	0.2	36	0.4
MET	4	0.7	205	2.2
MET	1	0.2	30	0.3
MET	7	1.2	145	1.5
MET	2	0.3	49	0.5
MET	24	4.1	508	5.4
MET	49	8.4	2816	29.8
MET	34	5.8	1733	18.3
MET	22	3.8	1052	11.1
MET	55	9.4	1512	16.0
MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE WESTMINSTER VILLAGE

<b>Street Address:</b>		<b>City and State:</b>	
803 N WAHNETA ST		ALLENTOWN PA 18103	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	111	NON-PROFIT RELIGIOUS	11/18/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
106	1	39	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	93	87.7	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	95	89.6	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	74	69.8	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	78.3	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	77	72.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.	24	22.6	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	28	26.4	34.9	37.7
<b>Completely bedfast residents.</b>	2	1.9	2.3	3.4
<b>Residents confined to chairs.</b>	47	44.3	52.1	50.8
<b>Residents requiring restraints.</b>	34	32.1	40.3	41.3
<b>Confused or disoriented residents.</b>	64	60.4	57.4	58.4
<b>Residents with bed sores.</b>	0	0.0	7.8	7.1
<b>Residents receiving special skin care.</b>	20	18.9	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE REGENCY HALL NRSG HM

<b>Street Address:</b>		<b>City and State:</b>	
9399 BABCOCK BLVD		ALLISON PARK PA 15101	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	134	NON-PROFIT OTHER	05/13/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
132	3	48		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	123	93.2	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	124	93.9	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	120	90.9	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	124	93.9	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	103	78.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	2	1.5	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	64	48.5	34.9	37.7
<b>Completely bedfast residents.</b>	2	1.5	2.3	3.4
<b>Residents confined to chairs.</b>	122	92.4	52.1	50.8
<b>Residents requiring restraints.</b>	100	75.8	40.3	41.3
<b>Confused or disoriented residents.</b>	94	71.2	57.4	58.4
<b>Residents with bed sores.</b>	9	6.8	7.8	7.1
<b>Residents receiving special skin care.</b>	12	9.1	34.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HILLVIEW CARE CTR

<b>Street Address:</b>  700 S CAYUGA AVE		<b>City and State:</b>  ALTOONA PA 16602	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  128	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  04/04/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  126	<b>Medicare Residents:</b>  1	<b>Medicaid Residents:</b>  111
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

<b>Bathing</b>  Residents requiring some or total assistance in bathing.	94	74.6	79.6	81.5
<b>Dressing</b>  Residents requiring some or total assistance in dressing.	112	88.9	83.9	83.2
<b>Toileting</b>  Residents requiring some or total assistance in toileting.	105	83.3	73.4	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	84.9	76.0	77.2
<b>Continence</b>  Residents with catheters or partial or total loss of bowel or bladder control.	98	77.8	68.3	68.2
  Residents on individually written bowel and bladder retraining program.	20	15.9	7.4	4.6
<b>Eating</b>  Residents receiving tube feedings or requiring assistance with eating.	49	38.9	34.9	37.7
  Completely bedfast residents.	1	0.8	2.3	3.4
  Residents confined to chairs.	93	73.8	52.1	50.8
  Residents requiring restraints.	46	36.5	40.3	41.3
  Confused or disoriented residents.	88	69.8	57.4	58.4
  Residents with bed sores.	20	15.9	7.8	7.1
  Residents receiving special skin care.	55	43.7	34.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE VALLEY VIEW HM BLAIR CNTY HM

<b>Street Address:</b>		<b>City and State:</b>	
PO BOX 1229 301 VALLEY VIEW BLVD		ALTOONA PA 16603	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	244	LOCAL GOVERNMENT	07/13/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
242	8	219	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	210	86.8	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	199	82.2	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	187	77.3	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	211	87.2	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	192	79.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	81	33.5	34.9	37.7
<b>Completely bedfast residents.</b>	15	6.2	2.3	3.4
<b>Residents confined to chairs.</b>	117	48.3	52.1	50.8
<b>Residents requiring restraints.</b>	153	63.2	40.3	41.3
<b>Confused or disoriented residents.</b>	126	52.1	57.4	58.4
<b>Residents with bed sores.</b>	23	9.5	7.8	7.1
<b>Residents receiving special skin care.</b>	143	59.1	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE AMBLER REST CNTR NRSG HM

<b>Street Address:</b> BETHLEHEM PIKE + BUTLER PIKE		<b>City and State:</b> AMBLER PA 19002	
<b>Participation:</b> MEDICARE SNF	<b># of Beds:</b> 100	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 04/22/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 88	<b>Medicare Residents:</b> 4	<b>Medicaid Residents:</b> 0
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	63	71.6	79.6	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	73	83.0	83.9	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	61	69.3	73.4	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	78.4	76.0	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	56	63.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	34	38.6	34.9	37.7
<b>Completely bedfast residents.</b>	1	1.1	2.3	3.4
<b>Residents confined to chairs.</b>	33	37.5	52.1	50.8
<b>Residents requiring restraints.</b>	28	31.8	40.3	41.3
<b>Confused or disoriented residents.</b>	49	55.7	57.4	58.4
<b>Residents with bed sores.</b>	4	4.5	7.8	7.1
<b>Residents receiving special skin care.</b>	19	21.6	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ARTMAN LUTHERAN HOME

<b>Street Address:</b>		<b>City and State:</b>	
250 BETHLEHEM PIKE		AMBLER PA 19002	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	30	NON-PROFIT RELIGIOUS	05/29/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
28	0	13	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	2	7.1	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	24	85.7	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	24	85.7	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	67.9	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	21	75.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	18	64.3	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	7	25.0	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	17	60.7	52.1	50.8
<b>Residents requiring restraints.</b>	14	50.0	40.3	41.3
<b>Confused or disoriented residents.</b>	23	82.1	57.4	58.4
<b>Residents with bed sores.</b>	2	7.1	7.8	7.1
<b>Residents receiving special skin care.</b>	5	17.9	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## UNITED CHRISTIAN CHURCH HOME

<b>Street Address:</b>		<b>City and State:</b>	
PO BOX E		ANNVILLE PA 17003	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	33	NON-PROFIT RELIGIOUS	04/22/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
31	0	10		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	26	83.9	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	25	80.6	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	22	71.0	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	51.6	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	20	64.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	11	35.5	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	8	25.8	52.1	50.8
<b>Residents requiring restraints.</b>	9	29.0	40.3	41.3
<b>Confused or disoriented residents.</b>	17	54.8	57.4	58.4
<b>Residents with bed sores.</b>	0	0.0	7.8	7.1
<b>Residents receiving special skin care.</b>	10	32.3	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WEST HAVEN NRS HOME

<b>Street Address:</b>  GOODVIEW DRIVE		<b>City and State:</b>  APOLLO PA 15613	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  179	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  11/10/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  150	<b>Medicare Residents:</b>  7	<b>Medicaid Residents:</b>  79	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	139	92.7	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	137	91.3	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	137	91.3	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	135	90.0	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	115	76.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	3	2.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	107	71.3	34.9	37.7
<b>Completely bedfast residents.</b>	4	2.7	2.3	3.4
<b>Residents confined to chairs.</b>	77	51.3	52.1	50.8
<b>Residents requiring restraints.</b>	103	68.7	40.3	41.3
<b>Confused or disoriented residents.</b>	125	83.3	57.4	58.4
<b>Residents with bed sores.</b>	22	14.7	7.8	7.1
<b>Residents receiving special skin care.</b>	51	34.0	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## ASHLAND STATE GEN HOSP GERIATRIC CTR

<b>Street Address:</b>		<b>City and State:</b>	
RT 61		ASHLAND PA 17921	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	18	STATE GOVERNMENT	09/02/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
13	4	9

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	13	100	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	13	100	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	11	84.6	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	92.3	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	6	46.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	1	7.7	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	5	38.5	52.1	50.8
<b>Residents requiring restraints.</b>	0	0.0	40.3	41.3
<b>Confused or disoriented residents.</b>	4	30.8	57.4	58.4
<b>Residents with bed sores.</b>	2	15.4	7.8	7.1
<b>Residents receiving special skin care.</b>	6	46.2	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HERITAGE NURS HOME INC

<b>Street Address:</b>		<b>City and State:</b>	
202 S MAIN ST		ATHENS PA 18810	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	141	PROPRIETARY	09/11/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
131	0	104

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	117	89.3	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	120	91.6	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	92	70.2	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	131	100	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	106	80.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	36	27.5	34.9	37.7
<b>Completely bedfast residents.</b>	3	2.3	2.3	3.4
<b>Residents confined to chairs.</b>	67	51.1	52.1	50.8
<b>Residents requiring restraints.</b>	66	50.4	40.3	41.3
<b>Confused or disoriented residents.</b>	92	70.2	57.4	58.4
<b>Residents with bed sores.</b>	5	3.8	7.8	7.1
<b>Residents receiving special skin care.</b>	29	22.1	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## MARY J DREXEL HOME

<b>Street Address:</b>		<b>City and State:</b>	
238 BELMONT AVE		BALA CYNWYC PA 19004	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	27	NON-PROFIT RELIGIOUS	01/29/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
26	0	10		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	26	100	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	26	100	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	22	84.6	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	61.5	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	21	80.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.	4	15.4	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	5	19.2	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	10	38.5	52.1	50.8
<b>Residents requiring restraints.</b>	5	19.2	40.3	41.3
<b>Confused or disoriented residents.</b>	17	65.4	57.4	58.4
<b>Residents with bed sores.</b>	1	3.8	7.8	7.1
<b>Residents receiving special skin care.</b>	12	46.2	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SLATE BELT MED CTR

<b>Street Address:</b>		<b>City and State:</b>	
701 SLATE BELT BLVD		BANGOR PA 18013	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	96	NON-PROFIT PRIVATE	12/23/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
88	4	33	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	66	75.0	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	76	86.4	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	70	79.5	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	75.0	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	67	76.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	31	35.2	34.9	37.7
<b>Completely bedfast residents.</b>	2	2.3	2.3	3.4
<b>Residents confined to chairs.</b>	61	69.3	52.1	50.8
<b>Residents requiring restraints.</b>	42	47.7	40.3	41.3
<b>Confused or disoriented residents.</b>	49	55.7	57.4	58.4
<b>Residents with bed sores.</b>	2	2.3	7.8	7.1
<b>Residents receiving special skin care.</b>	20	22.7	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BEAR CREEK HEALTH CARE CTR

<b>Street Address:</b> PO BOX 58 ROUTE 115		<b>City and State:</b> BEAR CREEK PA 18602	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 32	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 04/07/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 31	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 24	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	24	77.4	75.5	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	26	83.9	77.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	23	74.2	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	83.9	68.0	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	25	80.6	62.4	59.1
Residents on individually written bowel and bladder retraining program.	2	6.5	10.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	11	35.5	29.6	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.1	3.6
<b>Residents confined to chairs.</b>	11	35.5	35.3	39.1
<b>Residents requiring restraints.</b>	10	32.3	32.9	31.7
<b>Confused or disoriented residents.</b>	17	54.8	59.3	55.8
<b>Residents with bed sores.</b>	1	3.2	3.2	4.7
<b>Residents receiving special skin care.</b>	6	19.4	30.2	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident café equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE BEAVER VALLEY NSG CTR

<b>Street Address:</b>		<b>City and State:</b>	
GEORGETOWN RD		BEAVER FALLS PA 15010	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	04/15/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
115	5	70

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	104	90.4	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	103	89.6	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	98	85.2	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	84.3	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	80	69.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.	6	5.2	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	46	40.0	34.9	37.7
<b>Completely bedfast residents.</b>	3	2.6	2.3	3.4
<b>Residents confined to chairs.</b>	61	53.0	52.1	50.8
<b>Residents requiring restraints.</b>	57	49.6	40.3	41.3
<b>Confused or disoriented residents.</b>	67	58.3	57.4	58.4
<b>Residents with bed sores.</b>	9	7.8	7.8	7.1
<b>Residents receiving special skin care.</b>	32	27.8	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE PROVIDENCE HEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
900 THIRD AVE		BEAVER FALLS PA 15010	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	180	PROPRIETARY	09/18/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
176	8	137		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	132	75.0	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	146	83.0	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	140	79.5	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	138	78.4	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	100	56.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.	2	1.1	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	41	23.3	34.9	37.7
Completely bedfast residents.	11	6.3	2.3	3.4
Residents confined to chairs.	77	43.8	52.1	50.8
Residents requiring restraints.	89	50.6	40.3	41.3
Confused or disoriented residents.	103	58.5	57.4	58.4
Residents with bed sores.	7	4.0	7.8	7.1
Residents receiving special skin care.	31	17.6	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

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**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BEAVER VALLEY GERI CTR

<b>Street Address:</b>		<b>City and State:</b>	
DUTCH RIDGE ROAD		BEAVER PA 15009	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	676	LOCAL GOVERNMENT	11/20/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>		<b>Medicare Residents:</b>		<b>Medicaid Residents:</b>	
662		3		609	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		512	77.3	79.6	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		568	85.8	83.9	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		555	83.8	73.4	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		494	74.6	76.0	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		456	68.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.		12	1.8	7.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		254	38.4	34.9	37.7
<b>Completely bedfast residents.</b>		35	5.3	2.3	3.4
<b>Residents confined to chairs.</b>		380	57.4	52.1	50.8
<b>Residents requiring restraints.</b>		286	43.2	40.3	41.3
<b>Confused or disoriented residents.</b>		360	54.4	57.4	58.4
<b>Residents with bed sores.</b>		45	6.8	7.8	7.1
<b>Residents receiving special skin care.</b>		191	28.9	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MEDICAL CNTR BEAVER PA INC LTC

<b>Street Address:</b>		<b>City and State:</b>	
1000 DUTCH RIDGE RD		BEAVER PA 15009	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	31	NON-PROFIT OTHER	05/11/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
2	2	0	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	1	50.0	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	2	100	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	1	50.0	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	100	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	0	0.0	52.1	50.8
<b>Residents requiring restraints.</b>	0	0.0	40.3	41.3
<b>Confused or disoriented residents.</b>	0	0.0	57.4	58.4
<b>Residents with bed sores.</b>	0	0.0	7.8	7.1
<b>Residents receiving special skin care.</b>	0	0.0	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE DONAHOE MANOR

<b>Street Address:</b>		<b>City and State:</b>	
RD 5 BOX 55		BEDFORD PA 15522	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	72	PROPRIETARY	03/25/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
68	0	29		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	58	85.3	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	58	85.3	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	52	76.5	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	77.9	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	41	60.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	1.5	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	20	29.4	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	40	58.8	52.1	50.8
<b>Residents requiring restraints.</b>	42	61.8	40.3	41.3
<b>Confused or disoriented residents.</b>	32	47.1	57.4	58.4
<b>Residents with bed sores.</b>	3	4.4	7.8	7.1
<b>Residents receiving special skin care.</b>	4	5.9	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE VALLEY VIEW HAVEN INC

<b>Street Address:</b>		<b>City and State:</b>	
BOX 827		BELLEVILLE PA 17004	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	120	NON-PROFIT RELIGIOUS	12/08/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
119	0	40	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	98	82.4	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	98	82.4	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	82	68.9	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	67.2	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	82	68.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	44	37.0	34.9	37.7
<b>Completely bedfast residents.</b>	1	0.8	2.3	3.4
<b>Residents confined to chairs.</b>	78	65.5	52.1	50.8
<b>Residents requiring restraints.</b>	61	51.3	40.3	41.3
<b>Confused or disoriented residents.</b>	72	60.5	57.4	58.4
<b>Residents with bed sores.</b>	2	1.7	7.8	7.1
<b>Residents receiving special skin care.</b>	5	4.2	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MAPLE MOUNTAIN MANOR

<b>Street Address:</b>  HAY ST		<b>City and State:</b>  BERLIN PA 15530	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  162	<b>Type of Ownership:</b>  LOCAL GOVERNMENT	<b>Survey Date:</b>  01/29/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  157	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  139
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	145	92.4	75.5	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	137	87.3	77.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	129	82.2	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	134	85.4	68.0	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	132	84.1	62.4	59.1
Residents on individually written bowel and bladder retraining program.	3	1.9	10.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	62	39.5	29.6	29.3
<b>Completely bedfast residents.</b>	6	3.8	2.1	3.6
<b>Residents confined to chairs.</b>	102	65.0	35.3	39.1
<b>Residents requiring restraints.</b>	95	60.5	32.9	31.7
<b>Confused or disoriented residents.</b>	96	61.1	59.3	55.8
<b>Residents with bed sores.</b>	4	2.5	3.2	4.7
<b>Residents receiving special skin care.</b>	98	62.4	30.2	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BERWICK RETIRE VILLAGE NRS HOME

<b>Street Address:</b>		<b>City and State:</b>	
801 E 16TH ST		BERWICK PA 18603	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT PRIVATE	08/28/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
120	1	66		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	110	91.7	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	116	96.7	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	104	86.7	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	120	100	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	70	58.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	47	39.2	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	43	35.8	52.1	50.8
<b>Residents requiring restraints.</b>	12	10.0	40.3	41.3
<b>Confused or disoriented residents.</b>	62	51.7	57.4	58.4
<b>Residents with bed sores.</b>	2	1.7	7.8	7.1
<b>Residents receiving special skin care.</b>	49	40.8	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LEADER NSG + REHAB CNTR BETHEL PARK

<b>Street Address:</b>  60 HIGHLAND RD		<b>City and State:</b>  BETHEL PARK PA 15102	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  120	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  04/20/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  88	<b>Medicare Residents:</b>  2	<b>Medicaid Residents:</b>  31
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	82	93.2	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	84	95.5	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	76	86.4	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	85.2	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	69	78.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	2	2.3	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	17	19.3	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	33	37.5	52.1	50.8
<b>Residents requiring restraints.</b>	54	61.4	40.3	41.3
<b>Confused or disoriented residents.</b>	75	85.2	57.4	58.4
<b>Residents with bed sores.</b>	5	5.7	7.8	7.1
<b>Residents receiving special skin care.</b>	46	52.3	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MEADOW CREST INC

<b>Street Address:</b> 1200 BRAUN RD		<b>City and State:</b> BETHEL PARK PA 15102	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 50	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/01/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 38	<b>Medicare Residents:</b> 1	<b>Medicaid Residents:</b> 0
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	38	100	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	38	100	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	37	97.4	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	89.5	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	36	94.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	2.6	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	9	23.7	34.9	37.7
<b>Completely bedfast residents.</b>	1	2.6	2.3	3.4
<b>Residents confined to chairs.</b>	34	89.5	52.1	50.8
<b>Residents requiring restraints.</b>	30	78.9	40.3	41.3
<b>Confused or disoriented residents.</b>	25	65.8	57.4	58.4
<b>Residents with bed sores.</b>	2	5.3	7.8	7.1
<b>Residents receiving special skin care.</b>	8	21.1	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BLOUGH NURSING HOME INC

<b>Street Address:</b>		<b>City and State:</b>	
316 E MARKET ST		BETHLEHEM PA 18018	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE SNF	54	PROPRIETARY	08/10/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
41	0	0		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	37	90.2	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	37	90.2	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	31	75.6	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	85.4	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	25	61.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	20	48.8	34.9	37.7
<b>Completely bedfast residents.</b>	2	4.9	2.3	3.4
<b>Residents confined to chairs.</b>	8	19.5	52.1	50.8
<b>Residents requiring restraints.</b>	3	7.3	40.3	41.3
<b>Confused or disoriented residents.</b>	22	53.7	57.4	58.4
<b>Residents with bed sores.</b>	0	0.0	7.8	7.1
<b>Residents receiving special skin care.</b>	3	7.3	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences..Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HOLY FAMILY MANOR

<b>Street Address:</b>		<b>City and State:</b>	
1200 SPRING ST		BETHLEHEM PA 18018	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	198	NON-PROFIT RELIGIOUS	05/25/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
191	0	67

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	134	70.2	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	150	78.5	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	132	69.1	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	127	66.5	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	125	65.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	6	3.1	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	33	17.3	34.9	37.7
<b>Completely bedfast residents.</b>	1	0.5	2.3	3.4
<b>Residents confined to chairs.</b>	77	40.3	52.1	50.8
<b>Residents requiring restraints.</b>	71	37.2	40.3	41.3
<b>Confused or disoriented residents.</b>	111	58.1	57.4	58.4
<b>Residents with bed sores.</b>	10	5.2	7.8	7.1
<b>Residents receiving special skin care.</b>	28	14.7	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LEADER NSG AND REHAB CTR I

<b>Street Address:</b>		<b>City and State:</b>	
WESTGATE DR + CATASAUQUA RD		BETHLEHEM PA 18017	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	213	PROPRIETARY	12/03/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
200	4	50	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	161	80.5	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	173	86.5	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	142	71.0	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	156	78.0	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	130	65.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	8	4.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	60	30.0	34.9	37.7
<b>Completely bedfast residents.</b>	14	7.0	2.3	3.4
<b>Residents confined to chairs.</b>	120	60.0	52.1	50.8
<b>Residents requiring restraints.</b>	72	36.0	40.3	41.3
<b>Confused or disoriented residents.</b>	99	49.5	57.4	58.4
<b>Residents with bed sores.</b>	25	12.5	7.8	7.1
<b>Residents receiving special skin care.</b>	83	41.5	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LEADER NSG AND REHAB CTR II

<b>Street Address:</b>		<b>City and State:</b>	
2029 WESTGATE DR		BETHLEHEM PA 18017	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	221	PROPRIETARY	01/21/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
201	13	79	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	113	56.2	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	182	90.5	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	166	82.6	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	178	88.6	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	140	69.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	0.5	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	60	29.9	34.9	37.7
<b>Completely bedfast residents.</b>	4	2.0	2.3	3.4
<b>Residents confined to chairs.</b>	118	58.7	52.1	50.8
<b>Residents requiring restraints.</b>	109	54.2	40.3	41.3
<b>Confused or disoriented residents.</b>	134	66.7	57.4	58.4
<b>Residents with bed sores.</b>	31	15.4	7.8	7.1
<b>Residents receiving special skin care.</b>	69	34.3	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LEHIGH CO HOME FOUNTAIN HILL ANNEX

<b>Street Address:</b>		<b>City and State:</b>	
724 DELAWARE AVENUE		BETHLEHEM PA 18015	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	197	LOCAL GOVERNMENT	10/09/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
195	2	189		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	174	89.2	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	175	89.7	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	154	79.0	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	166	85.1	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	164	84.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	97	49.7	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	73	37.4	34.9	37.7
<b>Completely bedfast residents.</b>	18	9.2	2.3	3.4
<b>Residents confined to chairs.</b>	124	63.6	52.1	50.8
<b>Residents requiring restraints.</b>	118	60.5	40.3	41.3
<b>Confused or disoriented residents.</b>	122	62.6	57.4	58.4
<b>Residents with bed sores.</b>	19	9.7	7.8	7.1
<b>Residents receiving special skin care.</b>	132	67.7	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BEVERLY MANOR

<b>Street Address:</b>		<b>City and State:</b>	
PO BOX 175		BIRDSBORO PA 19508	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	124	PROPRIETARY	07/16/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
124	1	61

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	79	63.7	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	94	75.8	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	78	62.9	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	57.3	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	57	46.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	5	4.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	23	18.5	34.9	37.7
<b>Completely bedfast residents.</b>	5	4.0	2.3	3.4
<b>Residents confined to chairs.</b>	22	17.7	52.1	50.8
<b>Residents requiring restraints.</b>	52	41.9	40.3	41.3
<b>Confused or disoriented residents.</b>	53	42.7	57.4	58.4
<b>Residents with bed sores.</b>	11	8.9	7.8	7.1
<b>Residents receiving special skin care.</b>	34	27.4	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BLOOMSBURG HLTH CARE CNTR

<b>Street Address:</b> PO BOX 98 211 E FIRST ST		<b>City and State:</b> BLOOMSBURG PA 17815	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 154	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 06/18/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 153	<b>Medicare Residents:</b> 2	<b>Medicaid Residents:</b> 117	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	114	74.5	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	131	85.6	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	112	73.2	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	120	78.4	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	84	54.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	46	30.1	34.9	37.7
<b>Completely bedfast residents.</b>	6	3.9	2.3	3.4
<b>Residents confined to chairs.</b>	78	51.0	52.1	50.8
<b>Residents requiring restraints.</b>	65	42.5	40.3	41.3
<b>Confused or disoriented residents.</b>	84	54.9	57.4	58.4
<b>Residents with bed sores.</b>	12	7.8	7.8	7.1
<b>Residents receiving special skin care.</b>	50	32.7	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE NORMANDY FARMS ESTATES NSG FAC

<b>Street Address:</b>		<b>City and State:</b>	
1801 MORRIS ROAD		BLUE BELL PA 19422	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE SNF	55	NON-PROFIT PRIVATE	03/05/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
52	0	0		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	32	61.5	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	47	90.4	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	40	76.9	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	76.9	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	34	65.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	2	3.8	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	12	23.1	34.9	37.7
<b>Completely bedfast residents.</b>	4	7.7	2.3	3.4
<b>Residents confined to chairs.</b>	25	48.1	52.1	50.8
<b>Residents requiring restraints.</b>	23	44.2	40.3	41.3
<b>Confused or disoriented residents.</b>	18	34.6	57.4	58.4
<b>Residents with bed sores.</b>	6	11.5	7.8	7.1
<b>Residents receiving special skin care.</b>	3	5.8	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident-care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LONGWOOD VILLA NURS & CONV HOME

<b>Street Address:</b>		<b>City and State:</b>	
1194 NAAMAN S CREEK RD		BOOTHWYN PA 19061	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	53	PROPRIETARY	10/05/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
50	0	19	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	38	76.0	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	40	80.0	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	35	70.0	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	74.0	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	33	66.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	8	16.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	20	40.0	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	15	30.0	52.1	50.8
<b>Residents requiring restraints.</b>	23	46.0	40.3	41.3
<b>Confused or disoriented residents.</b>	35	70.0	57.4	58.4
<b>Residents with bed sores.</b>	1	2.0	7.8	7.1
<b>Residents receiving special skin care.</b>	1	2.0	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HIGHLAND NRSG & REHAB CTR

<b>Street Address:</b>		<b>City and State:</b>	
1050 BROADVIEW BLVD		BRACKENRIDGE PA 15014	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	97	PROPRIETARY	11/10/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
94	4	51

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	80	85.1	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	82	87.2	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	72	76.6	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	79.8	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	64	68.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	7	7.4	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	39	41.5	34.9	37.7
<b>Completely bedfast residents.</b>	1	1.1	2.3	3.4
<b>Residents confined to chairs.</b>	69	73.4	52.1	50.8
<b>Residents requiring restraints.</b>	65	69.1	40.3	41.3
<b>Confused or disoriented residents.</b>	65	69.1	57.4	58.4
<b>Residents with bed sores.</b>	22	23.4	7.8	7.1
<b>Residents receiving special skin care.</b>	24	25.5	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BRADFORD MANOR

<b>Street Address:</b>		<b>City and State:</b>	
50 LANGMAID LANE		BRADFORD PA 16701	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	121	PROPRIETARY	03/10/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
116	0	95		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	76	65.5	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	83	71.6	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	72	62.1	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	65.5	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	69	59.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	6	5.2	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	25	21.6	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	69	59.5	52.1	50.8
<b>Residents requiring restraints.</b>	43	37.1	40.3	41.3
<b>Confused or disoriented residents.</b>	52	44.8	57.4	58.4
<b>Residents with bed sores.</b>	7	6.0	7.8	7.1
<b>Residents receiving special skin care.</b>	33	28.4	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BRADFORD NRSG PAVILLION

<b>Street Address:</b> 200 PLEASANT ST		<b>City and State:</b> BRADFORD PA 16701	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 95	<b>Type of Ownership:</b> NON-PROFIT PRIVATE	<b>Survey Date:</b> 10/22/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 92	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 49	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	43	46.7	79.6	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	74	80.4	83.9	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	60	65.2	73.4	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	76.1	76.0	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	59	64.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	7	7.6	7.4	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	32	34.8	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	35	38.0	52.1	50.8
Residents requiring restraints.	48	52.2	40.3	41.3
Confused or disoriented residents.	22	23.9	57.4	58.4
Residents with bed sores.	4	4.3	7.8	7.1
Residents receiving special skin care.	8	8.7	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HANNUM MEM REST HME

<b>Street Address:</b>		<b>City and State:</b>	
139 MINARD RUN RD		BRADFORD PA 16701	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	34	NON-PROFIT RELIGIOUS	12/03/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>		<b>Medicare Residents:</b>		<b>Medicaid Residents:</b>	
33		0		26	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		19	57.6	75.5	78.3
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		20	60.6	77.4	76.7
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		14	42.4	67.9	63.4
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		28	84.8	68.0	66.0
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		8	24.2	62.4	59.1
Residents on individually written bowel and bladder retraining program.		6	18.2	10.1	6.1
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		3	9.1	29.6	29.3
<b>Completely bedfast residents.</b>		0	0.0	2.1	3.6
<b>Residents confined to chairs.</b>		1	3.0	35.3	39.1
<b>Residents requiring restraints.</b>		5	15.2	32.9	31.7
<b>Confused or disoriented residents.</b>		11	33.3	59.3	55.8
<b>Residents with bed sores.</b>		0	0.0	3.2	4.7
<b>Residents receiving special skin care.</b>		1	3.0	30.2	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE COUNTRY MEADOWS OF SOUTH HILLS

<b>Street Address:</b>		<b>City and State:</b>	
3590 WASHINGTON PIKE		BRIDGEVILLE PA 15017	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	180	PROPRIETARY	09/25/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
168	4	47

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	156	92.9	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	155	92.3	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	145	86.3	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	141	83.9	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	128	76.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.	15	8.9	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	81	48.2	34.9	37.7
<b>Completely bedfast residents.</b>	3	1.8	2.3	3.4
<b>Residents confined to chairs.</b>	104	61.9	52.1	50.8
<b>Residents requiring restraints.</b>	104	61.9	40.3	41.3
<b>Confused or disoriented residents.</b>	138	82.1	57.4	58.4
<b>Residents with bed sores.</b>	24	14.3	7.8	7.1
<b>Residents receiving special skin care.</b>	52	31.0	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MAYVIEW ST HOSP HAIG TEMPLE GERI CTR

<b>Street Address:</b>		<b>City and State:</b>	
1601 MAYVIEW RD		BRIDGEVILLE PA 15017	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	92	STATE GOVERNMENT	10/30/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
86	0	86			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		57	66.3	75.5	78.3
Dressing					
Residents requiring some or total assistance in dressing.		53	61.6	77.4	76.7
Toileting					
Residents requiring some or total assistance in toileting.		55	64.0	67.9	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		28	32.6	68.0	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		59	68.6	62.4	59.1
Residents on individually written bowel and bladder retraining program.		41	47.7	10.1	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		21	24.4	29.6	29.3
Completely bedfast residents.		0	0.0	2.1	3.6
Residents confined to chairs.		24	27.9	35.3	39.1
Residents requiring restraints.		2	2.3	32.9	31.7
Confused or disoriented residents.		57	66.3	59.3	55.8
Residents with bed sores.		2	2.3	3.2	4.7
Residents receiving special skin care.		18	20.9	30.2	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	10	16.7	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE SILVER LAKE NSG & REHAB CTR

<b>Street Address:</b> KING ST FAYETTE DR		<b>City and State:</b> BRISTOL PA 19007	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 174	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 06/26/87

## SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
165	6	139			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		105	63.6	79.6	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		140	84.8	83.9	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		113	68.5	73.4	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		122	73.9	76.0	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		116	70.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.		2	1.2	7.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		48	29.1	34.9	37.7
<b>Completely bedfast residents.</b>		5	3.0	2.3	3.4
<b>Residents confined to chairs.</b>		83	50.3	52.1	50.8
<b>Residents requiring restraints.</b>		82	49.7	40.3	41.3
<b>Confused or disoriented residents.</b>		67	40.6	57.4	58.4
<b>Residents with bed sores.</b>		39	23.6	7.8	7.1
<b>Residents receiving special skin care.</b>		86	52.1	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE JEFFERSON MANOR

<b>Street Address:</b>		<b>City and State:</b>	
RD 5		BROOKVILLE PA 15825	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	224	NON-PROFIT PRIVATE	05/17/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
207	6	170

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	162	78.3	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	165	79.7	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	143	69.1	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	149	72.0	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	150	72.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	3	1.4	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	73	35.3	34.9	37.7
<b>Completely bedfast residents.</b>	4	1.9	2.3	3.4
<b>Residents confined to chairs.</b>	28	13.5	52.1	50.8
<b>Residents requiring restraints.</b>	64	30.9	40.3	41.3
<b>Confused or disoriented residents.</b>	133	64.3	57.4	58.4
<b>Residents with bed sores.</b>	15	7.2	7.8	7.1
<b>Residents receiving special skin care.</b>	50	24.2	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE PENNSYLVANIA MEMORIAL HOME

<b>Street Address:</b>		<b>City and State:</b>	
51 EUCLID AVE		BROOKVILLE PA 15825	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	100	NON-PROFIT PRIVATE	11/24/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
99	4	60		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	83	83.8	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	94	94.9	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	69	69.7	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	56.6	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	49	49.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	31	31.3	34.9	37.7
<b>Completely bedfast residents.</b>	4	4.0	2.3	3.4
<b>Residents confined to chairs.</b>	45	45.5	52.1	50.8
<b>Residents requiring restraints.</b>	52	52.5	40.3	41.3
<b>Confused or disoriented residents.</b>	49	49.5	57.4	58.4
<b>Residents with bed sores.</b>	2	2.0	7.8	7.1
<b>Residents receiving special skin care.</b>	5	5.1	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BROOMALL PRESBYTERIAN HOME

<b>Street Address:</b>		<b>City and State:</b>	
MARPLE ROAD		BROOMALL PA 19008	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	147	NON-PROFIT RELIGIOUS	06/22/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
146	1	47		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	87	59.6	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	93	63.7	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	66	45.2	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	46.6	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	90	61.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.	8	5.5	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	37	25.3	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	53	36.3	52.1	50.8
<b>Residents requiring restraints.</b>	29	19.9	40.3	41.3
<b>Confused or disoriented residents.</b>	81	55.5	57.4	58.4
<b>Residents with bed sores.</b>	1	0.7	7.8	7.1
<b>Residents receiving special skin care.</b>	20	13.7	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CHURCH LANE HEALTH CARE CENTER CO

<b>Street Address:</b> 43 CHURCH LANE		<b>City and State:</b> BROOMALL PA 19008	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 126	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 04/01/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 121	<b>Medicare Residents:</b> 2	<b>Medicaid Residents:</b> 67
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	116	95.9	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	112	92.6	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	83	68.6	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	64.5	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	80	66.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	35	28.9	34.9	37.7
<b>Completely bedfast residents.</b>	1	0.8	2.3	3.4
<b>Residents confined to chairs.</b>	48	39.7	52.1	50.8
<b>Residents requiring restraints.</b>	48	39.7	40.3	41.3
<b>Confused or disoriented residents.</b>	58	47.9	57.4	58.4
<b>Residents with bed sores.</b>	11	9.1	7.8	7.1
<b>Residents receiving special skin care.</b>	51	42.1	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## CNTR PK LODGE NSG & REHAB CTR BROOMALL

<b>Street Address:</b>		<b>City and State:</b>	
43 NORTH MALIN ROAD		BROOMALL PA 19008	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	286	PROPRIETARY	01/22/88

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
235	7	110			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	208	88.5	79.6	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	194	82.6	83.9	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	165	70.2	73.4	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	158	67.2	76.0	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	181	77.0	68.3	68.2	
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	61	26.0	34.9	37.7	
Completely bedfast residents.	5	2.1	2.3	3.4	
Residents confined to chairs.	86	36.6	52.1	50.8	
Residents requiring restraints.	93	39.6	40.3	41.3	
Confused or disoriented residents.	144	61.3	57.4	58.4	
Residents with bed sores.	33	14.0	7.8	7.1	
Residents receiving special skin care.	46	19.6	34.0	31.2	



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BEAUMONT AT BRYN MAWR

<b>Street Address:</b> 601 N ITHAN AVE		<b>City and State:</b> BRYN MAWR PA 19010	
<b>Participation:</b> MEDICARE SNF	<b># of Beds:</b> 28	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 03/25/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 1	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 0
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	0	0.0	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	0	0.0	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	0	0.0	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	1	100	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	100	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	0	0.0	52.1	50.8
<b>Residents requiring restraints.</b>	0	0.0	40.3	41.3
<b>Confused or disoriented residents.</b>	0	0.0	57.4	58.4
<b>Residents with bed sores.</b>	0	0.0	7.8	7.1
<b>Residents receiving special skin care.</b>	0	0.0	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BRYN MAWR TERRACE

<b>Street Address:</b>		<b>City and State:</b>	
HAVERFORD AVE RUGBY RD		BRYN MAWR PA 19010	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE SNF	160	PROPRIETARY	09/15/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
129	2	0		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	110	85.3	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	106	82.2	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	97	75.2	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	70.5	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	90	69.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.	5	3.9	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	37	28.7	34.9	37.7
<b>Completely bedfast residents.</b>	2	1.6	2.3	3.4
<b>Residents confined to chairs.</b>	36	27.9	52.1	50.8
<b>Residents requiring restraints.</b>	28	21.7	40.3	41.3
<b>Confused or disoriented residents.</b>	61	47.3	57.4	58.4
<b>Residents with bed sores.</b>	10	7.8	7.8	7.1
<b>Residents receiving special skin care.</b>	24	18.6	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE CHATEAU NSG + REHAB CNTR

<b>Street Address:</b>		<b>City and State:</b>	
956 RAILROAD AVE + POLO RD		BRYN MAWR PA 19010	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	170	PROPRIETARY	09/28/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
136	4	32

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	108	79.4	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	115	84.6	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	98	72.1	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	73.5	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	99	72.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.	2	1.5	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	62	45.6	34.9	37.7
<b>Completely bedfast residents.</b>	2	1.5	2.3	3.4
<b>Residents confined to chairs.</b>	67	49.3	52.1	50.8
<b>Residents requiring restraints.</b>	40	29.4	40.3	41.3
<b>Confused or disoriented residents.</b>	69	50.7	57.4	58.4
<b>Residents with bed sores.</b>	12	8.8	7.8	7.1
<b>Residents receiving special skin care.</b>	45	33.1	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## BUCKINGHAM VALLEY REHAB & NSG CTR

<b>Street Address:</b>		<b>City and State:</b>	
BOX 447		BUCKINGHAM PA 18912	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	110	PROPRIETARY	03/29/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
86	1	60		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	62	72.1	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	72	83.7	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	61	70.9	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	69.8	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	63	73.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	4	4.7	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	33	38.4	34.9	37.7
<b>Completely bedfast residents.</b>	2	2.3	2.3	3.4
<b>Residents confined to chairs.</b>	51	59.3	52.1	50.8
<b>Residents requiring restraints.</b>	42	48.8	40.3	41.3
<b>Confused or disoriented residents.</b>	56	65.1	57.4	58.4
<b>Residents with bed sores.</b>	11	12.8	7.8	7.1
<b>Residents receiving special skin care.</b>	27	31.4	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BUTLER CO HOME SUNNYVIEW

<b>Street Address:</b>		<b>City and State:</b>	
711 MORTON AVE EXTNSN		BUTLER PA 16001	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	240	LOCAL GOVERNMENT	03/27/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
235	0	208	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	217	92.3	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	209	88.9	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	92	39.1	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	173	73.6	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	175	74.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	3	1.3	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	91	38.7	34.9	37.7
<b>Completely bedfast residents.</b>	3	1.3	2.3	3.4
<b>Residents confined to chairs.</b>	153	65.1	52.1	50.8
<b>Residents requiring restraints.</b>	128	54.5	40.3	41.3
<b>Confused or disoriented residents.</b>	136	57.9	57.4	58.4
<b>Residents with bed sores.</b>	15	6.4	7.8	7.1
<b>Residents receiving special skin care.</b>	39	16.6	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LUTHERAN WELFARE CONCORDIA HOME

<b>Street Address:</b> 615 NORTH PIKE ROAD		<b>City and State:</b> CABOT PA 16023	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 126	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 10/13/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 122	<b>Medicare Residents:</b> 2	<b>Medicaid Residents:</b> 63	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	86	70.5	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	100	82.0	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	78	63.9	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	68.0	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	75	61.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	7	5.7	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	41	33.6	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	42	34.4	52.1	50.8
<b>Residents requiring restraints.</b>	51	41.8	40.3	41.3
<b>Confused or disoriented residents.</b>	61	50.0	57.4	58.4
<b>Residents with bed sores.</b>	11	9.0	7.8	7.1
<b>Residents receiving special skin care.</b>	41	33.6	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE PRESBYTERIAN NURS HME

<b>Street Address:</b> 229 N MAIN ST		<b>City and State:</b> CAMBRIDGE SPRINGS PA 16403	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 10	<b>Type of Ownership:</b> NON-PROFIT PRIVATE	<b>Survey Date:</b> 11/05/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 10	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 7
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	4	40.0	75.5	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	4	40.0	77.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	3	30.0	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	90.0	68.0	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	2	20.0	62.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	10.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	1	10.0	29.6	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.1	3.6
<b>Residents confined to chairs.</b>	1	10.0	35.3	39.1
<b>Residents requiring restraints.</b>	2	20.0	32.9	31.7
<b>Confused or disoriented residents.</b>	3	30.0	59.3	55.8
<b>Residents with bed sores.</b>	0	0.0	3.2	4.7
<b>Residents receiving special skin care.</b>	0	0.0	30.2	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident-care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	10	16.7	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SPRINGS MANOR

<b>Street Address:</b>		<b>City and State:</b>	
110 CANFIELD ST		CAMBRIDGE SPRINGS PA 16403	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	91	PROPRIETARY	06/12/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
91	2	75		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	69	75.8	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	69	75.8	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	62	68.1	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	52.7	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	62	68.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	9	9.9	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	14	15.4	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	61	67.0	52.1	50.8
<b>Residents requiring restraints.</b>	47	51.6	40.3	41.3
<b>Confused or disoriented residents.</b>	33	36.3	57.4	58.4
<b>Residents with bed sores.</b>	7	7.7	7.8	7.1
<b>Residents receiving special skin care.</b>	23	25.3	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BLUE RIDGE HAVEN CON CTR WEST

<b>Street Address:</b>		<b>City and State:</b>	
770 POPULAR CHURCH RD		CAMP HILL PA 17011	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	334	PROPRIETARY	01/29/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
261	0	233		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	183	70.1	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	197	75.5	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	153	58.6	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	161	61.7	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	167	64.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	5	1.9	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	72	27.6	34.9	37.7
<b>Completely bedfast residents.</b>	6	2.3	2.3	3.4
<b>Residents confined to chairs.</b>	127	48.7	52.1	50.8
<b>Residents requiring restraints.</b>	105	40.2	40.3	41.3
<b>Confused or disoriented residents.</b>	166	63.6	57.4	58.4
<b>Residents with bed sores.</b>	18	6.9	7.8	7.1
<b>Residents receiving special skin care.</b>	61	23.4	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CAMP HILL CARE CTR

<b>Street Address:</b> 46 ERFORD RD		<b>City and State:</b> CAMP HILL PA 17011	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 118	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 11/25/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 114	<b>Medicare Residents:</b> 3	<b>Medicaid Residents:</b> 93
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	78	68.4	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	87	76.3	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	80	70.2	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	69.3	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	69	60.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	37	32.5	34.9	37.7
<b>Completely bedfast residents.</b>	8	7.0	2.3	3.4
<b>Residents confined to chairs.</b>	54	47.4	52.1	50.8
<b>Residents requiring restraints.</b>	49	43.0	40.3	41.3
<b>Confused or disoriented residents.</b>	64	56.1	57.4	58.4
<b>Residents with bed sores.</b>	4	3.5	7.8	7.1
<b>Residents receiving special skin care.</b>	28	24.6	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LEADER NURSING - WEST SHORE

<b>Street Address:</b>		<b>City and State:</b>	
1700 MARKET ST		CAMP HILL PA 17011	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	60	PROPRIETARY	12/17/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
59	1	5

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	57	96.6	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	57	96.6	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	53	89.8	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	81.4	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	50	84.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	19	32.2	34.9	37.7
<b>Completely bedfast residents.</b>	3	5.1	2.3	3.4
<b>Residents confined to chairs.</b>	42	71.2	52.1	50.8
<b>Residents requiring restraints.</b>	36	61.0	40.3	41.3
<b>Confused or disoriented residents.</b>	35	59.3	57.4	58.4
<b>Residents with bed sores.</b>	6	10.2	7.8	7.1
<b>Residents receiving special skin care.</b>	5	8.5	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE TWIN OAKS NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
90 WEST MAIN ST		CAMPBELLTOWN PA 17010	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	42	PROPRIETARY	01/07/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
39	0	26

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	39	100	75.5	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	37	94.9	77.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	26	66.7	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	66.7	68.0	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	23	59.0	62.4	59.1
Residents on individually written bowel and bladder retraining program.	12	30.8	10.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	11	28.2	29.6	29.3
<b>Completely bedfast residents.</b>	1	2.6	2.1	3.6
<b>Residents confined to chairs.</b>	22	56.4	35.3	39.1
<b>Residents requiring restraints.</b>	1	2.6	32.9	31.7
<b>Confused or disoriented residents.</b>	22	56.4	59.3	55.8
<b>Residents with bed sores.</b>	2	5.1	3.2	4.7
<b>Residents receiving special skin care.</b>	5	12.8	30.2	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CANONSBURG GNRL HOSP

<b>Street Address:</b> RD 1 BOX 147 RTE 519		<b>City and State:</b> CANONSBURG PA 15317	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 32	<b>Type of Ownership:</b> NON-PROFIT PRIVATE	<b>Survey Date:</b> 04/05/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 29	<b>Medicare Residents:</b> 25	<b>Medicaid Residents:</b> 1
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	27	93.1	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	29	100	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	26	89.7	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	89.7	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	25	86.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	18	62.1	34.9	37.7
<b>Completely bedfast residents.</b>	5	17.2	2.3	3.4
<b>Residents confined to chairs.</b>	22	75.9	52.1	50.8
<b>Residents requiring restraints.</b>	14	48.3	40.3	41.3
<b>Confused or disoriented residents.</b>	22	75.9	57.4	58.4
<b>Residents with bed sores.</b>	3	10.3	7.8	7.1
<b>Residents receiving special skin care.</b>	10	34.5	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE HORIZON SENIOR CARE

<b>Street Address:</b>		<b>City and State:</b>	
300 BARR ST		CANONSBURG PA 15317	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	40	PROPRIETARY	03/29/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
2	0	0	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	2	100	75.5	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	2	100	77.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	2	100	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	100	68.0	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	2	100	62.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	10.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	2	100	29.6	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.1	3.6
<b>Residents confined to chairs.</b>	2	100	35.3	39.1
<b>Residents requiring restraints.</b>	2	100	32.9	31.7
<b>Confused or disoriented residents.</b>	2	100	59.3	55.8
<b>Residents with bed sores.</b>	1	50.0	3.2	4.7
<b>Residents receiving special skin care.</b>	1	50.0	30.2	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MCMURRAY HILLS MANOR INC

<b>Street Address:</b>		<b>City and State:</b>	
249 WEST MCMURRAY ROAD		CANONSBURG PA 15317	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE SNF	119	PROPRIETARY	09/11/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
105	2	0

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	86	81.9	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	95	90.5	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	91	86.7	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	85.7	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	78	74.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	9	8.6	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	39	37.1	34.9	37.7
<b>Completely bedfast residents.</b>	1	1.0	2.3	3.4
<b>Residents confined to chairs.</b>	36	34.3	52.1	50.8
<b>Residents requiring restraints.</b>	56	53.3	40.3	41.3
<b>Confused or disoriented residents.</b>	49	46.7	57.4	58.4
<b>Residents with bed sores.</b>	6	5.7	7.8	7.1
<b>Residents receiving special skin care.</b>	10	9.5	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MEADOWLANDS HLTH CARE CNTR

<b>Street Address:</b>		<b>City and State:</b>	
RD 1 BOX 146 ROUTE 519 SOUTH		CANONSBURG PA 15317	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	01/04/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
98	0	52		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	53	54.1	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	86	87.8	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	75	76.5	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	78.6	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	72	73.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	3	3.1	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	38	38.8	34.9	37.7
<b>Completely bedfast residents.</b>	3	3.1	2.3	3.4
<b>Residents confined to chairs.</b>	79	80.6	52.1	50.8
<b>Residents requiring restraints.</b>	59	60.2	40.3	41.3
<b>Confused or disoriented residents.</b>	64	65.3	57.4	58.4
<b>Residents with bed sores.</b>	7	7.1	7.8	7.1
<b>Residents receiving special skin care.</b>	45	45.9	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE SOUTH HILLS CONV CTR

<b>Street Address:</b>		<b>City and State:</b>	
201 VILLAGE DR		CANONSBURG PA 15317	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	104	PROPRIETARY	04/14/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
95	5	71	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	74	77.9	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	87	91.6	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	87	91.6	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	85.3	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	67	70.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	19	20.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	34	35.8	34.9	37.7
<b>Completely bedfast residents.</b>	1	1.1	2.3	3.4
<b>Residents confined to chairs.</b>	56	58.9	52.1	50.8
<b>Residents requiring restraints.</b>	48	50.5	40.3	41.3
<b>Confused or disoriented residents.</b>	54	56.8	57.4	58.4
<b>Residents with bed sores.</b>	7	7.4	7.8	7.1
<b>Residents receiving special skin care.</b>	10	10.5	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CARBONDALE NURSING HOME INC

<b>Street Address:</b>		<b>City and State:</b>	
57 NORTH MAIN ST		CARBONDALE PA 18407	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	105	PROPRIETARY	09/25/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
102	0	87	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	97	95.1	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	90	88.2	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	74	72.5	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	74.5	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	77	75.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	38	37.3	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	31	30.4	34.9	37.7
<b>Completely bedfast residents.</b>	2	2.0	2.3	3.4
<b>Residents confined to chairs.</b>	59	57.8	52.1	50.8
<b>Residents requiring restraints.</b>	48	47.1	40.3	41.3
<b>Confused or disoriented residents.</b>	76	74.5	57.4	58.4
<b>Residents with bed sores.</b>	7	6.9	7.8	7.1
<b>Residents receiving special skin care.</b>	33	32.4	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE CHURCH OF GOD HOME

<b>Street Address:</b>		<b>City and State:</b>	
801 N HANOVER ST		CARLISLE PA 17023	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	109	NON-PROFIT RELIGIOUS	01/14/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
107	0	1

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	102	95.3	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	96	89.7	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	83	77.6	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	80.4	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	88	82.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	41	38.3	34.9	37.7
<b>Completely bedfast residents.</b>	3	2.8	2.3	3.4
<b>Residents confined to chairs.</b>	48	44.9	52.1	50.8
<b>Residents requiring restraints.</b>	39	36.4	40.3	41.3
<b>Confused or disoriented residents.</b>	66	61.7	57.4	58.4
<b>Residents with bed sores.</b>	5	4.7	7.8	7.1
<b>Residents receiving special skin care.</b>	57	53.3	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CUMBERLAND COUNTY NURSING HM

<b>Street Address:</b>		<b>City and State:</b>	
375 CLAREMONT DRIVE		CARLISLE PA 17013	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	387	LOCAL GOVERNMENT	06/03/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
380	5	338	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	307	80.8	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	314	82.6	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	265	69.7	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	271	71.3	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	264	69.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	0.3	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	117	30.8	34.9	37.7
<b>Completely bedfast residents.</b>	2	0.5	2.3	3.4
<b>Residents confined to chairs.</b>	165	43.4	52.1	50.8
<b>Residents requiring restraints.</b>	172	45.3	40.3	41.3
<b>Confused or disoriented residents.</b>	213	56.1	57.4	58.4
<b>Residents with bed sores.</b>	21	5.5	7.8	7.1
<b>Residents receiving special skin care.</b>	155	40.8	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE FOREST PARK HLTH CNTR

<b>Street Address:</b>		<b>City and State:</b>	
700 WALNUT BOTTOM RD		CARLISLE PA 17013	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	104	NON-PROFIT RELIGIOUS	07/17/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
89	1	43

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	70	78.7	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	84	94.4	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	67	75.3	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	74.2	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	47	52.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	26	29.2	34.9	37.7
<b>Completely bedfast residents.</b>	9	10.1	2.3	3.4
<b>Residents confined to chairs.</b>	40	44.9	52.1	50.8
<b>Residents requiring restraints.</b>	15	16.9	40.3	41.3
<b>Confused or disoriented residents.</b>	46	51.7	57.4	58.4
<b>Residents with bed sores.</b>	5	5.6	7.8	7.1
<b>Residents receiving special skin care.</b>	11	12.4	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## LEADER NSG + REHAB CNTR OF CARLISLE

<b>Street Address:</b>		<b>City and State:</b>	
940 WALNUT BOTTOM RD		CARLISLE PA 17013	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	10/29/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
12	0	0

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	2	16.7	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	10	83.3	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	10	83.3	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	83.3	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	9	75.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	5	41.7	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	3	25.0	52.1	50.8
<b>Residents requiring restraints.</b>	4	33.3	40.3	41.3
<b>Confused or disoriented residents.</b>	10	83.3	57.4	58.4
<b>Residents with bed sores.</b>	1	8.3	7.8	7.1
<b>Residents receiving special skin care.</b>	4	33.3	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SARAH A TODD MEMORIAL HOME

<b>Street Address:</b>		<b>City and State:</b>	
1000 WEST SOUTH STREET		CARLISLE PA 17013	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	60	NON-PROFIT PRIVATE	09/18/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
57	1	16

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	46	80.7	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	42	73.7	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	34	59.6	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	78.9	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	39	68.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	6	10.5	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	20	35.1	34.9	37.7
<b>Completely bedfast residents.</b>	1	1.8	2.3	3.4
<b>Residents confined to chairs.</b>	35	61.4	52.1	50.8
<b>Residents requiring restraints.</b>	19	33.3	40.3	41.3
<b>Confused or disoriented residents.</b>	48	84.2	57.4	58.4
<b>Residents with bed sores.</b>	3	5.3	7.8	7.1
<b>Residents receiving special skin care.</b>	21	36.8	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## THE ALLIANCE HOME OF CARLISLE PA

<b>Street Address:</b>		<b>City and State:</b>	
770 S HANOVER ST		CARLISLE PA 17013	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	59	NON-PROFIT RELIGIOUS	01/11/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
59	0	40

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	42	71.2	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	51	86.4	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	36	61.0	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	83.1	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	24	40.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	12	20.3	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	14	23.7	52.1	50.8
<b>Residents requiring restraints.</b>	25	42.4	40.3	41.3
<b>Confused or disoriented residents.</b>	35	59.3	57.4	58.4
<b>Residents with bed sores.</b>	1	1.7	7.8	7.1
<b>Residents receiving special skin care.</b>	16	27.1	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE THORNWALD HOME

<b>Street Address:</b>		<b>City and State:</b>	
442 WALNUT BOTTOM ROAD		CARLISLE PA 17013	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	79	NON-PROFIT RELIGIOUS	06/19/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
75	0	21	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	62	82.7	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	62	82.7	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	49	65.3	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	64.0	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	44	58.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	3	4.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	26	34.7	34.9	37.7
<b>Completely bedfast residents.</b>	1	1.3	2.3	3.4
<b>Residents confined to chairs.</b>	32	42.7	52.1	50.8
<b>Residents requiring restraints.</b>	22	29.3	40.3	41.3
<b>Confused or disoriented residents.</b>	40	53.3	57.4	58.4
<b>Residents with bed sores.</b>	0	0.0	7.8	7.1
<b>Residents receiving special skin care.</b>	12	16.0	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## WOODVILLE STATE HOSP HILLCREST EAST

<b>Street Address:</b>		<b>City and State:</b>	
BOX 456		CARNEGIE PA 15106	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	183	STATE GOVERNMENT	12/04/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
168	8	160

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	141	83.9	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	152	90.5	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	134	79.8	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	113	67.3	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	133	79.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	76	45.2	34.9	37.7
<b>Completely bedfast residents.</b>	4	2.4	2.3	3.4
<b>Residents confined to chairs.</b>	102	60.7	52.1	50.8
<b>Residents requiring restraints.</b>	31	18.5	40.3	41.3
<b>Confused or disoriented residents.</b>	102	60.7	57.4	58.4
<b>Residents with bed sores.</b>	14	8.3	7.8	7.1
<b>Residents receiving special skin care.</b>	99	58.9	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE FRANKLIN COUNTY NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
FRANKLIN FARM LANE		CHAMBERSBURG PA 17201	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	224	LOCAL GOVERNMENT	06/10/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
217	1	210		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	154	71.0	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	163	75.1	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	155	71.4	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	165	76.0	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	161	74.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.	17	7.8	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	79	36.4	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	136	62.7	52.1	50.8
<b>Residents requiring restraints.</b>	97	44.7	40.3	41.3
<b>Confused or disoriented residents.</b>	125	57.6	57.4	58.4
<b>Residents with bed sores.</b>	12	5.5	7.8	7.1
<b>Residents receiving special skin care.</b>	111	51.2	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE JOHN SHOOK HOME FOR AGED

<b>Street Address:</b> 55 S 2ND ST		<b>City and State:</b> CHAMBERSBURG PA 17201	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 64	<b>Type of Ownership:</b> NON-PROFIT PRIVATE	<b>Survey Date:</b> 12/04/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 64	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 30	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	39	60.9	75.5	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	36	56.3	77.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	26	40.6	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	42.2	68.0	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	22	34.4	62.4	59.1
Residents on individually written bowel and bladder retraining program.	1	1.6	10.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	5	7.8	29.6	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.1	3.6
<b>Residents confined to chairs.</b>	18	28.1	35.3	39.1
<b>Residents requiring restraints.</b>	9	14.1	32.9	31.7
<b>Confused or disoriented residents.</b>	28	43.8	59.3	55.8
<b>Residents with bed sores.</b>	1	1.6	3.2	4.7
<b>Residents receiving special skin care.</b>	8	12.5	30.2	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE LEADER NRS REHAB CTR

<b>Street Address:</b> 1070 STOUFFER AVE		<b>City and State:</b> CHAMBERSBURG PA 17201	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 177	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 10/28/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 164	<b>Medicare Residents:</b> 3	<b>Medicaid Residents:</b> 65
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	136	82.9	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	141	86.0	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	127	77.4	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	123	75.0	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	115	70.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	13	7.9	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	59	36.0	34.9	37.7
<b>Completely bedfast residents.</b>	3	1.8	2.3	3.4
<b>Residents confined to chairs.</b>	80	48.8	52.1	50.8
<b>Residents requiring restraints.</b>	86	52.4	40.3	41.3
<b>Confused or disoriented residents.</b>	89	54.3	57.4	58.4
<b>Residents with bed sores.</b>	26	15.9	7.8	7.1
<b>Residents receiving special skin care.</b>	53	32.3	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MENNO HAVEN INC

<b>Street Address:</b>		<b>City and State:</b>	
2075 SCOTLAND AVE		CHAMBERSBURG PA 17201	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	132	NON-PROFIT RELIGIOUS	09/18/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
131	0	31		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	122	93.1	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	115	87.8	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	101	77.1	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	81.7	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	102	77.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	47	35.9	34.9	37.7
<b>Completely bedfast residents.</b>	1	0.8	2.3	3.4
<b>Residents confined to chairs.</b>	50	38.2	52.1	50.8
<b>Residents requiring restraints.</b>	73	55.7	40.3	41.3
<b>Confused or disoriented residents.</b>	80	61.1	57.4	58.4
<b>Residents with bed sores.</b>	2	1.5	7.8	7.1
<b>Residents receiving special skin care.</b>	9	6.9	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CHATHAM ACRES

<b>Street Address:</b>		<b>City and State:</b>	
BOX 1 LONDON GROVE RD		CHATHAM PA 19318	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	121	PROPRIETARY	02/12/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
118	0	57

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	27	22.9	75.5	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	31	26.3	77.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	22	18.6	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	22.0	68.0	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	17	14.4	62.4	59.1
Residents on individually written bowel and bladder retraining program.	6	5.1	10.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	7	5.9	29.6	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.1	3.6
<b>Residents confined to chairs.</b>	15	12.7	35.3	39.1
<b>Residents requiring restraints.</b>	11	9.3	32.9	31.7
<b>Confused or disoriented residents.</b>	58	49.2	59.3	55.8
<b>Residents with bed sores.</b>	1	0.8	3.2	4.7
<b>Residents receiving special skin care.</b>	39	33.1	30.2	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CHESTER CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
15TH ST & SHAW TERRACE		CHESTER PA 19013	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	190	PROPRIETARY	04/15/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
183	0	176		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	146	79.8	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	146	79.8	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	122	66.7	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	146	79.8	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	103	56.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	43	23.5	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	51	27.9	34.9	37.7
<b>Completely bedfast residents.</b>	4	2.2	2.3	3.4
<b>Residents confined to chairs.</b>	79	43.2	52.1	50.8
<b>Residents requiring restraints.</b>	46	25.1	40.3	41.3
<b>Confused or disoriented residents.</b>	101	55.2	57.4	58.4
<b>Residents with bed sores.</b>	10	5.5	7.8	7.1
<b>Residents receiving special skin care.</b>	58	31.7	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE THE BELVEDERE

<b>Street Address:</b>		<b>City and State:</b>	
2507 CHESTNUT ST		CHESTER PA 19013	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	09/18/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
114	2	48	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

#### Bathing

Residents requiring some or total assistance in bathing.

89 78.1 79.6 81.5

#### Dressing

Residents requiring some or total assistance in dressing.

106 93.0 83.9 83.2

#### Toileting

Residents requiring some or total assistance in toileting.

93 81.6 73.4 73.8

#### Transferring

Residents requiring some or total assistance moving from bed to chair or to tub or toilet.

94 82.5 76.0 77.2

#### Continence

Residents with catheters or partial or total loss of bowel or bladder control.

89 78.1 68.3 68.2

Residents on individually written bowel and bladder retraining program.

2 1.8 7.4 4.6

#### Eating

Residents receiving tube feedings or requiring assistance with eating.

46 40.4 34.9 37.7

#### Completely bedfast residents.

5 4.4 2.3 3.4

#### Residents confined to chairs.

85 74.6 52.1 50.8

#### Residents requiring restraints.

46 40.4 40.3 41.3

#### Confused or disoriented residents.

48 42.1 57.4 58.4

#### Residents with bed sores.

12 10.5 7.8 7.1

#### Residents receiving special skin care.

59 51.8 34.0 31.2



## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## FAIRVIEW CARE CTR OF PAPERMILL RD

<b>Street Address:</b>		<b>City and State:</b>	
850 PAPERMILL ROAD		CHESTNUT HILL PA 19118	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	144	PROPRIETARY	02/27/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
141	8	123		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	130	92.2	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	116	82.3	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	94	66.7	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	75.2	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	85	60.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	11	7.8	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	57	40.4	34.9	37.7
<b>Completely bedfast residents.</b>	12	8.5	2.3	3.4
<b>Residents confined to chairs.</b>	56	39.7	52.1	50.8
<b>Residents requiring restraints.</b>	40	28.4	40.3	41.3
<b>Confused or disoriented residents.</b>	71	50.4	57.4	58.4
<b>Residents with bed sores.</b>	13	9.2	7.8	7.1
<b>Residents receiving special skin care.</b>	36	25.5	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE VALLEY VIEW NSG HOME

<b>Street Address:</b>		<b>City and State:</b>	
RD 2 BOX 234 SAXONBURG RD		CHESWICK PA 15024	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	128	PROPRIETARY	01/29/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
117	4	57	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	93	79.5	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	102	87.2	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	85	72.6	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	76.9	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	88	75.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.	9	7.7	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	48	41.0	34.9	37.7
<b>Completely bedfast residents.</b>	3	2.6	2.3	3.4
<b>Residents confined to chairs.</b>	75	64.1	52.1	50.8
<b>Residents requiring restraints.</b>	38	32.5	40.3	41.3
<b>Confused or disoriented residents.</b>	93	79.5	57.4	58.4
<b>Residents with bed sores.</b>	7	6.0	7.8	7.1
<b>Residents receiving special skin care.</b>	44	37.6	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CHICORA MEDICAL CENTER INC

<b>Street Address:</b>		<b>City and State:</b>	
R D 2		CHICORA PA 16025	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	102	PROPRIETARY	04/22/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
97	1	24		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	77	79.4	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	76	78.4	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	59	60.8	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	61.9	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	54	55.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	26	26.8	34.9	37.7
<b>Completely bedfast residents.</b>	5	5.2	2.3	3.4
<b>Residents confined to chairs.</b>	50	51.5	52.1	50.8
<b>Residents requiring restraints.</b>	41	42.3	40.3	41.3
<b>Confused or disoriented residents.</b>	52	53.6	57.4	58.4
<b>Residents with bed sores.</b>	4	4.1	7.8	7.1
<b>Residents receiving special skin care.</b>	48	49.5	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HARRISON HOUSE

<b>Street Address:</b>  41 NEWPORT PIKE		<b>City and State:</b>  CHRISTIANA PA 17509	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  139	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  10/09/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  139	<b>Medicare Residents:</b>  2	<b>Medicaid Residents:</b>  33
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	128	92.1	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	136	97.8	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	123	88.5	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	113	81.3	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	113	81.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	61	43.9	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	48	34.5	34.9	37.7
<b>Completely bedfast residents.</b>	7	5.0	2.3	3.4
<b>Residents confined to chairs.</b>	89	64.0	52.1	50.8
<b>Residents requiring restraints.</b>	81	58.3	40.3	41.3
<b>Confused or disoriented residents.</b>	78	56.1	57.4	58.4
<b>Residents with bed sores.</b>	9	6.5	7.8	7.1
<b>Residents receiving special skin care.</b>	30	21.6	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CLARION CARE CNTR

<b>Street Address:</b>		<b>City and State:</b>	
999 HEIDRICK ST		CLARION PA 16214	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	152	PROPRIETARY	04/20/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
130	0	111		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	90	69.2	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	101	77.7	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	87	66.9	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	64.6	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	70	53.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	32	24.6	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	62	47.7	52.1	50.8
<b>Residents requiring restraints.</b>	38	29.2	40.3	41.3
<b>Confused or disoriented residents.</b>	51	39.2	57.4	58.4
<b>Residents with bed sores.</b>	16	12.3	7.8	7.1
<b>Residents receiving special skin care.</b>	24	18.5	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ABINGTON MANOR NSG REHAB

<b>Street Address:</b> 100 EDELLA RD		<b>City and State:</b> CLARKS SUMMIT PA 18411	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 05/05/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 117	<b>Medicare Residents:</b> 2	<b>Medicaid Residents:</b> 75	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	102	87.2	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	90	76.9	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	92	78.6	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	100	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	66	56.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	5	4.3	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	55	47.0	34.9	37.7
<b>Completely bedfast residents.</b>	5	4.3	2.3	3.4
<b>Residents confined to chairs.</b>	64	54.7	52.1	50.8
<b>Residents requiring restraints.</b>	25	21.4	40.3	41.3
<b>Confused or disoriented residents.</b>	52	44.4	57.4	58.4
<b>Residents with bed sores.</b>	7	6.0	7.8	7.1
<b>Residents receiving special skin care.</b>	117	100	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CLARKS SUMMIT STATE HOSP BLDG 6

<b>Street Address:</b>  ROUTE 3 BOX 15		<b>City and State:</b>  CLARKS SUMMIT PA 18411	
<b>Participation:</b>  MEDICAID SNF/ICF	<b># of Beds:</b>  167	<b>Type of Ownership:</b>  STATE GOVERNMENT	<b>Survey Date:</b>  10/02/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  152	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  142
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	95	62.5	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	85	55.9	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	58	38.2	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	31.6	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	60	39.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	20	13.2	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	32	21.1	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	31	20.4	52.1	50.8
<b>Residents requiring restraints.</b>	10	6.6	40.3	41.3
<b>Confused or disoriented residents.</b>	123	80.9	57.4	58.4
<b>Residents with bed sores.</b>	2	1.3	7.8	7.1
<b>Residents receiving special skin care.</b>	38	25.0	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MOUNTAIN LAUREL NURSING CNTR

<b>Street Address:</b>		<b>City and State:</b>	
700 LEONARD ST		CLEARFIELD PA 16830	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	242	PROPRIETARY	05/10/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
239	5	202

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	191	79.9	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	196	82.0	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	170	71.1	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	169	70.7	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	169	70.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	73	30.5	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	80	33.5	34.9	37.7
<b>Completely bedfast residents.</b>	1	0.4	2.3	3.4
<b>Residents confined to chairs.</b>	142	59.4	52.1	50.8
<b>Residents requiring restraints.</b>	124	51.9	40.3	41.3
<b>Confused or disoriented residents.</b>	151	63.2	57.4	58.4
<b>Residents with bed sores.</b>	27	11.3	7.8	7.1
<b>Residents receiving special skin care.</b>	47	19.7	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## COALDALE STATE GENL HOSP GERI CTR

<b>Street Address:</b>		<b>City and State:</b>	
7TH ST		COALDALE PA 18218	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	48	STATE GOVERNMENT	02/10/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
47	5	34	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	39	83.0	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	44	93.6	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	36	76.6	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	100	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	39	83.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	2.1	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	19	40.4	34.9	37.7
<b>Completely bedfast residents.</b>	4	8.5	2.3	3.4
<b>Residents confined to chairs.</b>	39	83.0	52.1	50.8
<b>Residents requiring restraints.</b>	35	74.5	40.3	41.3
<b>Confused or disoriented residents.</b>	32	68.1	57.4	58.4
<b>Residents with bed sores.</b>	10	21.3	7.8	7.1
<b>Residents receiving special skin care.</b>	13	27.7	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HEATHERBANK

<b>Street Address:</b>		<b>City and State:</b>	
745 CHIQUES HILL RD		COLUMBIA PA 17512	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	180	PROPRIETARY	11/23/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
169	1	127		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	107	63.3	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	127	75.1	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	112	66.3	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	67.5	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	112	66.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	3	1.8	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	58	34.3	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	81	47.9	52.1	50.8
<b>Residents requiring restraints.</b>	58	34.3	40.3	41.3
<b>Confused or disoriented residents.</b>	76	45.0	57.4	58.4
<b>Residents with bed sores.</b>	13	7.7	7.8	7.1
<b>Residents receiving special skin care.</b>	23	13.6	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ST ANNES HOME

<b>Street Address:</b>		<b>City and State:</b>	
ROUTE 2		COLUMBIA PA 17512	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	121	NON-PROFIT OTHER	02/05/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
120	0	33

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	90	75.0	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	100	83.3	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	75	62.5	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	80.0	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	92	76.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	20	16.7	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	31	25.8	34.9	37.7
<b>Completely bedfast residents.</b>	1	0.8	2.3	3.4
<b>Residents confined to chairs.</b>	75	62.5	52.1	50.8
<b>Residents requiring restraints.</b>	45	37.5	40.3	41.3
<b>Confused or disoriented residents.</b>	54	45.0	57.4	58.4
<b>Residents with bed sores.</b>	5	4.2	7.8	7.1
<b>Residents receiving special skin care.</b>	42	35.0	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CONCORD VILLA CONV HM

<b>Street Address:</b>		<b>City and State:</b>	
549 BALTIMORE PK		CONCORDVILLE PA 19331	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	101	PROPRIETARY	12/16/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
88	1	14		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	48	54.5	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	69	78.4	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	53	60.2	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	92.0	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	47	53.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	2	2.3	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	45	51.1	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	36	40.9	52.1	50.8
<b>Residents requiring restraints.</b>	29	33.0	40.3	41.3
<b>Confused or disoriented residents.</b>	73	83.0	57.4	58.4
<b>Residents with bed sores.</b>	8	9.1	7.8	7.1
<b>Residents receiving special skin care.</b>	23	26.1	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE ROLLING FIELDS NSG HOME

<b>Street Address:</b>		<b>City and State:</b>	
RTE 198 BOC AD		CONNEAUTVILLE PA 16406	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	121	PROPRIETARY	03/25/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
115	2	85		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	76	66.1	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	93	80.9	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	77	67.0	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	67.8	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	67	58.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	34	29.6	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	40	34.8	52.1	50.8
<b>Residents requiring restraints.</b>	25	21.7	40.3	41.3
<b>Confused or disoriented residents.</b>	40	34.8	57.4	58.4
<b>Residents with bed sores.</b>	4	3.5	7.8	7.1
<b>Residents receiving special skin care.</b>	44	38.3	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE VALLEY MANOR NSG CTR

<b>Street Address:</b> P O BOX 163		<b>City and State:</b> COOPERSBURG PA 18036	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 180	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 02/24/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 176	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 131
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	157	89.2	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	143	81.3	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	126	71.6	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	132	75.0	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	130	73.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	34	19.3	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	48	27.3	34.9	37.7
<b>Completely bedfast residents.</b>	3	1.7	2.3	3.4
<b>Residents confined to chairs.</b>	40	22.7	52.1	50.8
<b>Residents requiring restraints.</b>	62	35.2	40.3	41.3
<b>Confused or disoriented residents.</b>	129	73.3	57.4	58.4
<b>Residents with bed sores.</b>	5	2.8	7.8	7.1
<b>Residents receiving special skin care.</b>	8	4.5	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SYCAMORE CREEK NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
234 CORAOPOLIS ROAD		CORAOPOLIS PA 15108	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	10/02/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
117	1	87		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	103	88.0	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	110	94.0	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	87	74.4	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	74.4	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	87	74.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	32	27.4	34.9	37.7
<b>Completely bedfast residents.</b>	6	5.1	2.3	3.4
<b>Residents confined to chairs.</b>	83	70.9	52.1	50.8
<b>Residents requiring restraints.</b>	52	44.4	40.3	41.3
<b>Confused or disoriented residents.</b>	68	58.1	57.4	58.4
<b>Residents with bed sores.</b>	5	4.3	7.8	7.1
<b>Residents receiving special skin care.</b>	59	50.4	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WEST HILLS HLTH CARE CNTR

<b>Street Address:</b> PO BOX 1078 951 BROADHEAD RD		<b>City and State:</b> CORAOPOLIS PA 15108	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 12/04/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 107	<b>Medicare Residents:</b> 7	<b>Medicaid Residents:</b> 55			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		83	77.6	79.6	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		88	82.2	83.9	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		78	72.9	73.4	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		82	76.6	76.0	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		83	77.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.		1	0.9	7.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		35	32.7	34.9	37.7
<b>Completely bedfast residents.</b>		0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>		59	55.1	52.1	50.8
<b>Residents requiring restraints.</b>		60	56.1	40.3	41.3
<b>Confused or disoriented residents.</b>		66	61.7	57.4	58.4
<b>Residents with bed sores.</b>		13	12.1	7.8	7.1
<b>Residents receiving special skin care.</b>		43	40.2	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CORNWALL MANOR UNITED METHODIST

<b>Street Address:</b>  PLEASANT VIEW HEALTH CTR		<b>City and State:</b>  CORNWALL PA 17016	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  125	<b>Type of Ownership:</b>  NON-PROFIT RELIGIOUS	<b>Survey Date:</b>  05/20/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  122	<b>Medicare Residents:</b>  3	<b>Medicaid Residents:</b>  48
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	85	69.7	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	90	73.8	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	75	61.5	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	57.4	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	79	64.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.	18	14.8	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	24	19.7	34.9	37.7
<b>Completely bedfast residents.</b>	1	0.8	2.3	3.4
<b>Residents confined to chairs.</b>	34	27.9	52.1	50.8
<b>Residents requiring restraints.</b>	27	22.1	40.3	41.3
<b>Confused or disoriented residents.</b>	78	63.9	57.4	58.4
<b>Residents with bed sores.</b>	3	2.5	7.8	7.1
<b>Residents receiving special skin care.</b>	24	19.7	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CORRY MANOR

<b>Street Address:</b>		<b>City and State:</b>	
640 WORTH STREET		CORRY PA 16407	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	121	PROPRIETARY	10/01/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
118	0	88

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	114	96.6	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	118	100	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	102	86.4	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	86.4	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	75	63.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.	5	4.2	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	59	50.0	34.9	37.7
<b>Completely bedfast residents.</b>	2	1.7	2.3	3.4
<b>Residents confined to chairs.</b>	35	29.7	52.1	50.8
<b>Residents requiring restraints.</b>	60	50.8	40.3	41.3
<b>Confused or disoriented residents.</b>	97	82.2	57.4	58.4
<b>Residents with bed sores.</b>	4	3.4	7.8	7.1
<b>Residents receiving special skin care.</b>	59	50.0	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CHARLES COLE MEMORIAL HOSP

<b>Street Address:</b>  R D		<b>City and State:</b>  COUDERSPORT PA 16915	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  50	<b>Type of Ownership:</b>  NON-PROFIT OTHER	<b>Survey Date:</b>  08/04/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  49	<b>Medicare Residents:</b>  1	<b>Medicaid Residents:</b>  42
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	46	93.9	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	46	93.9	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	44	89.8	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	89.8	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	34	69.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	20	40.8	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	18	36.7	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	22	44.9	52.1	50.8
<b>Residents requiring restraints.</b>	31	63.3	40.3	41.3
<b>Confused or disoriented residents.</b>	29	59.2	57.4	58.4
<b>Residents with bed sores.</b>	1	2.0	7.8	7.1
<b>Residents receiving special skin care.</b>	30	61.2	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SWEDEN VALLEY MANOR

<b>Street Address:</b> RT 6 EAST		<b>City and State:</b> COUDERSPORT PA 16915	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 121	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 02/29/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 119	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 102
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	119	100	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	83	69.7	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	89	74.8	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	74.8	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	89	74.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.	9	7.6	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	20	16.8	34.9	37.7
<b>Completely bedfast residents.</b>	2	1.7	2.3	3.4
<b>Residents confined to chairs.</b>	87	73.1	52.1	50.8
<b>Residents requiring restraints.</b>	33	27.7	40.3	41.3
<b>Confused or disoriented residents.</b>	35	29.4	57.4	58.4
<b>Residents with bed sores.</b>	1	0.8	7.8	7.1
<b>Residents receiving special skin care.</b>	80	67.2	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CURWENSVILLE NRSNG HM INC

<b>Street Address:</b>		<b>City and State:</b>	
BOX 372 MCNAUL ST		CURWENSVILLE PA 16833	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	121	PROPRIETARY	04/08/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
107	0	88		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	78	72.9	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	88	82.2	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	82	76.6	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	81.3	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	80	74.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	43	40.2	34.9	37.7
<b>Completely bedfast residents.</b>	3	2.8	2.3	3.4
<b>Residents confined to chairs.</b>	64	59.8	52.1	50.8
<b>Residents requiring restraints.</b>	21	19.6	40.3	41.3
<b>Confused or disoriented residents.</b>	79	73.8	57.4	58.4
<b>Residents with bed sores.</b>	23	21.5	7.8	7.1
<b>Residents receiving special skin care.</b>	58	54.2	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LAKESIDE NSG CNTR

<b>Street Address:</b>		<b>City and State:</b>	
BOX 357 RD 4 IDETOWN		DALLAS PA 18612	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	31	PROPRIETARY	03/08/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
29	1	19		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	29	100	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	26	89.7	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	24	82.8	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	79.3	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	14	48.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	17	58.6	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	9	31.0	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	14	48.3	52.1	50.8
<b>Residents requiring restraints.</b>	18	62.1	40.3	41.3
<b>Confused or disoriented residents.</b>	16	55.2	57.4	58.4
<b>Residents with bed sores.</b>	2	6.9	7.8	7.1
<b>Residents receiving special skin care.</b>	8	27.6	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MAPLE HILL NSG HM

<b>Street Address:</b> RD 2		<b>City and State:</b> DALLAS PA 18612	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 24	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 07/15/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 24	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 22	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	19	79.2	75.5	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	22	91.7	77.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	16	66.7	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	70.8	68.0	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	15	62.5	62.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	10.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	16	66.7	29.6	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.1	3.6
<b>Residents confined to chairs.</b>	5	20.8	35.3	39.1
<b>Residents requiring restraints.</b>	12	50.0	32.9	31.7
<b>Confused or disoriented residents.</b>	11	45.8	59.3	55.8
<b>Residents with bed sores.</b>	0	0.0	3.2	4.7
<b>Residents receiving special skin care.</b>	7	29.2	30.2	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	10	16.7	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MEADOWS NURSING CNTR

<b>Street Address:</b>		<b>City and State:</b>	
55 WEST CENTER HILL RD		DALLAS PA 18612	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT OTHER	06/16/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
119	7	69

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	103	86.6	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	110	92.4	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	100	84.0	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	81.5	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	98	82.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	47	39.5	34.9	37.7
<b>Completely bedfast residents.</b>	1	0.8	2.3	3.4
<b>Residents confined to chairs.</b>	104	87.4	52.1	50.8
<b>Residents requiring restraints.</b>	84	70.6	40.3	41.3
<b>Confused or disoriented residents.</b>	88	73.9	57.4	58.4
<b>Residents with bed sores.</b>	9	7.6	7.8	7.1
<b>Residents receiving special skin care.</b>	14	11.8	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LEADER NRSG REHAB CNTR

<b>Street Address:</b>		<b>City and State:</b>	
100 W QUEEN ST		DALLASTOWN PA 17313	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	180	PROPRIETARY	08/07/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>		<b>Medicare Residents:</b>		<b>Medicaid Residents:</b>	
174		0		106	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		101	58.0	79.6	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		142	81.6	83.9	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		121	69.5	73.4	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		134	77.0	76.0	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		109	62.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.		39	22.4	7.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		76	43.7	34.9	37.7
<b>Completely bedfast residents.</b>		0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>		71	40.8	52.1	50.8
<b>Residents requiring restraints.</b>		70	40.2	40.3	41.3
<b>Confused or disoriented residents.</b>		80	46.0	57.4	58.4
<b>Residents with bed sores.</b>		18	10.3	7.8	7.1
<b>Residents receiving special skin care.</b>		39	22.4	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE DANVILLE STATE HOSPITAL LTC

<b>Street Address:</b> PO BOX 700		<b>City and State:</b> DANVILLE PA 17821	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 143	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 04/22/88

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
137	0	137			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	94	68.6	79.6	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	93	67.9	83.9	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	62	45.3	73.4	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	51.8	76.0	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	65	47.4	68.3	68.2	
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	38	27.7	34.9	37.7	
Completely bedfast residents.	1	0.7	2.3	3.4	
Residents confined to chairs.	37	27.0	52.1	50.8	
Residents requiring restraints.	6	4.4	40.3	41.3	
Confused or disoriented residents.	78	56.9	57.4	58.4	
Residents with bed sores.	0	0.0	7.8	7.1	
Residents receiving special skin care.	37	27.0	34.0	31.2	



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## GOLD STAR NRS HOME INC

<b>Street Address:</b>		<b>City and State:</b>	
BOX 8 SCHOOLHOUSE RD		DANVILLE PA 17821	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	100	PROPRIETARY	10/09/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
96	0	81		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	53	55.2	75.5	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	76	79.2	77.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	79	82.3	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	76.0	68.0	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	86	89.6	62.4	59.1
Residents on individually written bowel and bladder retraining program.	51	53.1	10.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	24	25.0	29.6	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.1	3.6
<b>Residents confined to chairs.</b>	55	57.3	35.3	39.1
<b>Residents requiring restraints.</b>	40	41.7	32.9	31.7
<b>Confused or disoriented residents.</b>	55	57.3	59.3	55.8
<b>Residents with bed sores.</b>	5	5.2	3.2	4.7
<b>Residents receiving special skin care.</b>	51	53.1	30.2	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE GRANDVIEW HEALTH HOMES INC

<b>Street Address:</b>		<b>City and State:</b>	
WOODBINE LANE		DANVILLE PA 17821	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	149	PROPRIETARY	10/01/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
144	0	94	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	123	85.4	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	116	80.6	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	116	80.6	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	80.6	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	110	76.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	40	27.8	34.9	37.7
<b>Completely bedfast residents.</b>	8	5.6	2.3	3.4
<b>Residents confined to chairs.</b>	105	72.9	52.1	50.8
<b>Residents requiring restraints.</b>	84	58.3	40.3	41.3
<b>Confused or disoriented residents.</b>	86	59.7	57.4	58.4
<b>Residents with bed sores.</b>	16	11.1	7.8	7.1
<b>Residents receiving special skin care.</b>	129	89.6	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MARIA JOSEPH MANOR

<b>Street Address:</b> R D 4 BOX 3		<b>City and State:</b> DANVILLE PA 17821	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 47	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 02/24/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 45	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 25	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	45	100	75.5	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	44	97.8	77.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	36	80.0	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	68.0	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	32	71.1	62.4	59.1
Residents on individually written bowel and bladder retraining program.	3	6.7	10.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	19	42.2	29.6	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.1	3.6
<b>Residents confined to chairs.</b>	12	26.7	35.3	39.1
<b>Residents requiring restraints.</b>	12	26.7	32.9	31.7
<b>Confused or disoriented residents.</b>	21	46.7	59.3	55.8
<b>Residents with bed sores.</b>	0	0.0	3.2	4.7
<b>Residents receiving special skin care.</b>	35	77.8	30.2	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LITTLE FLOWER NRSG HM

<b>Street Address:</b> 1201 SPRINGFIELD RD PO BOX 190		<b>City and State:</b> DARBY PA 19023	
<b>Participation:</b> MEDICAID SNF/ICF	<b># of Beds:</b> 125	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 09/03/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
121	0	52			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		96	79.3	79.6	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		106	87.6	83.9	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		90	74.4	73.4	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		101	83.5	76.0	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		92	76.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.		70	57.9	7.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		99	81.8	34.9	37.7
<b>Completely bedfast residents.</b>		2	1.7	2.3	3.4
<b>Residents confined to chairs.</b>		68	56.2	52.1	50.8
<b>Residents requiring restraints.</b>		63	52.1	40.3	41.3
<b>Confused or disoriented residents.</b>		83	68.6	57.4	58.4
<b>Residents with bed sores.</b>		11	9.1	7.8	7.1
<b>Residents receiving special skin care.</b>		69	57.0	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ST FRANCIS COUNTRY HOUSE

<b>Street Address:</b>		<b>City and State:</b>	
14TH AND LANDSOWNE AVE		DARBY PA 19023	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	275	NON-PROFIT RELIGIOUS	12/08/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
275	2	153		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	220	80.0	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	243	88.4	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	213	77.5	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	261	94.9	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	210	76.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	2	0.7	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	112	40.7	34.9	37.7
<b>Completely bedfast residents.</b>	8	2.9	2.3	3.4
<b>Residents confined to chairs.</b>	95	34.5	52.1	50.8
<b>Residents requiring restraints.</b>	111	40.4	40.3	41.3
<b>Confused or disoriented residents.</b>	179	65.1	57.4	58.4
<b>Residents with bed sores.</b>	29	10.5	7.8	7.1
<b>Residents receiving special skin care.</b>	134	48.7	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE DEVON MANOR

<b>Street Address:</b>		<b>City and State:</b>	
235 LANCASTER AVE		DEVON PA 19333	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE SNF	90	PROPRIETARY	09/11/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
64	0	0			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	59	92.2	79.6	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	60	93.8	83.9	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	43	67.2	73.4	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	64.1	76.0	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	49	76.6	68.3	68.2	
Residents on individually written bowel and bladder retraining program.	2	3.1	7.4	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	23	35.9	34.9	37.7	
Completely bedfast residents.	0	0.0	2.3	3.4	
Residents confined to chairs.	20	31.3	52.1	50.8	
Residents requiring restraints.	23	35.9	40.3	41.3	
Confused or disoriented residents.	51	79.7	57.4	58.4	
Residents with bed sores.	2	3.1	7.8	7.1	
Residents receiving special skin care.	21	32.8	34.0	31.2	



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ELIZA CATHCART HLTH CNTR

<b>Street Address:</b>		<b>City and State:</b>	
445 VALLEY FORGE RD		DEVON PA 19333	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	63	NON-PROFIT RELIGIOUS	10/23/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
57	0	10		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	45	78.9	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	50	87.7	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	46	80.7	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	84.2	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	46	80.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	25	43.9	34.9	37.7
<b>Completely bedfast residents.</b>	3	5.3	2.3	3.4
<b>Residents confined to chairs.</b>	34	59.6	52.1	50.8
<b>Residents requiring restraints.</b>	27	47.4	40.3	41.3
<b>Confused or disoriented residents.</b>	26	45.6	57.4	58.4
<b>Residents with bed sores.</b>	1	1.8	7.8	7.1
<b>Residents receiving special skin care.</b>	46	80.7	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BRIARLEAF NSG CONV CNTR

<b>Street Address:</b>		<b>City and State:</b>	
252 BELMONT AVE		DOYLESTOWN PA 18901	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	178	PROPRIETARY	03/17/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
167	0	133	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	143	85.6	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	134	80.2	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	115	68.9	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	63.5	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	90	53.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	59	35.3	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	33	19.8	34.9	37.7
<b>Completely bedfast residents.</b>	2	1.2	2.3	3.4
<b>Residents confined to chairs.</b>	81	48.5	52.1	50.8
<b>Residents requiring restraints.</b>	38	22.8	40.3	41.3
<b>Confused or disoriented residents.</b>	88	52.7	57.4	58.4
<b>Residents with bed sores.</b>	11	6.6	7.8	7.1
<b>Residents receiving special skin care.</b>	28	16.8	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE DOYLESTOWN MANOR

<b>Street Address:</b>		<b>City and State:</b>	
MAPLE AVE + EAST ST		DOYLESTOWN PA 18901	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	05/05/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
102	1	70		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	71	69.6	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	82	80.4	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	71	69.6	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	71.6	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	64	62.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	7	6.9	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	35	34.3	34.9	37.7
<b>Completely bedfast residents.</b>	3	2.9	2.3	3.4
<b>Residents confined to chairs.</b>	59	57.8	52.1	50.8
<b>Residents requiring restraints.</b>	52	51.0	40.3	41.3
<b>Confused or disoriented residents.</b>	56	54.9	57.4	58.4
<b>Residents with bed sores.</b>	7	6.9	7.8	7.1
<b>Residents receiving special skin care.</b>	20	19.6	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE GREENLEAF NRSNG HM

<b>Street Address:</b>		<b>City and State:</b>	
400 SOUTH MAIN ST		DOYLESTOWN PA 18901	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	130	PROPRIETARY	04/27/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
121	0	95		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	87	71.9	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	97	80.2	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	83	68.6	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	66.9	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	77	63.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.	6	5.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	38	31.4	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	49	40.5	52.1	50.8
<b>Residents requiring restraints.</b>	48	39.7	40.3	41.3
<b>Confused or disoriented residents.</b>	58	47.9	57.4	58.4
<b>Residents with bed sores.</b>	4	3.3	7.8	7.1
<b>Residents receiving special skin care.</b>	29	24.0	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HERITAGE TOWERS RETIR CENTER

<b>Street Address:</b>		<b>City and State:</b>	
200 VETERANS LANE		DOYLESTOWN PA 18901	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	60	NON-PROFIT PRIVATE	01/21/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
55	0	5		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	55	100	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	47	85.5	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	39	70.9	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	72.7	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	41	74.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	1.8	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	4	7.3	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	15	27.3	52.1	50.8
<b>Residents requiring restraints.</b>	18	32.7	40.3	41.3
<b>Confused or disoriented residents.</b>	33	60.0	57.4	58.4
<b>Residents with bed sores.</b>	7	12.7	7.8	7.1
<b>Residents receiving special skin care.</b>	30	54.5	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MEDICAL CTR FOR AGING AT DOYLESTOWN

<b>Street Address:</b> 777 FERRY RD		<b>City and State:</b> DOYLESTOWN PA 18901	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 186	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 02/19/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 117	<b>Medicare Residents:</b> 3	<b>Medicaid Residents:</b> 34	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	90	76.9	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	92	78.6	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	89	76.1	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	75.2	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	72	61.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	5	4.3	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	36	30.8	34.9	37.7
<b>Completely bedfast residents.</b>	3	2.6	2.3	3.4
<b>Residents confined to chairs.</b>	13	11.1	52.1	50.8
<b>Residents requiring restraints.</b>	4	3.4	40.3	41.3
<b>Confused or disoriented residents.</b>	14	12.0	57.4	58.4
<b>Residents with bed sores.</b>	4	3.4	7.8	7.1
<b>Residents receiving special skin care.</b>	10	8.5	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE NESHAMINY MANOR

<b>Street Address:</b>		<b>City and State:</b>	
EASTON AND ALMS HOUSE ROAD		DOYLESTOWN PA 18901	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	360	LOCAL GOVERNMENT	10/07/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
306	0	303		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	237	77.5	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	239	78.1	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	238	77.8	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	264	86.3	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	203	66.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	22	7.2	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	47	15.4	34.9	37.7
<b>Completely bedfast residents.</b>	8	2.6	2.3	3.4
<b>Residents confined to chairs.</b>	193	63.1	52.1	50.8
<b>Residents requiring restraints.</b>	99	32.4	40.3	41.3
<b>Confused or disoriented residents.</b>	166	54.2	57.4	58.4
<b>Residents with bed sores.</b>	17	5.6	7.8	7.1
<b>Residents receiving special skin care.</b>	111	36.3	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE DRESHER HILL NRSNG CNTR

<b>Street Address:</b>		<b>City and State:</b>	
SUSQUEHANNA CAMP HILL RDS		DRESHER PA 19025	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	03/15/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
109	2	103

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	94	86.2	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	89	81.7	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	80	73.4	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	76.1	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	81	74.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	7	6.4	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	36	33.0	34.9	37.7
<b>Completely bedfast residents.</b>	1	0.9	2.3	3.4
<b>Residents confined to chairs.</b>	49	45.0	52.1	50.8
<b>Residents requiring restraints.</b>	53	48.6	40.3	41.3
<b>Confused or disoriented residents.</b>	66	60.6	57.4	58.4
<b>Residents with bed sores.</b>	10	9.2	7.8	7.1
<b>Residents receiving special skin care.</b>	58	53.2	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BUTLER VALLEY MANOR

<b>Street Address:</b> R D 1 BOX 206A		<b>City and State:</b> DRUMS PA 18222	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 37	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 01/14/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 31	<b>Medicare Residents:</b> 1	<b>Medicaid Residents:</b> 21		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	30	96.8	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	30	96.8	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	28	90.3	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	90.3	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	27	87.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	11	35.5	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	12	38.7	34.9	37.7
<b>Completely bedfast residents.</b>	3	9.7	2.3	3.4
<b>Residents confined to chairs.</b>	5	16.1	52.1	50.8
<b>Residents requiring restraints.</b>	15	48.4	40.3	41.3
<b>Confused or disoriented residents.</b>	15	48.4	57.4	58.4
<b>Residents with bed sores.</b>	5	16.1	7.8	7.1
<b>Residents receiving special skin care.</b>	13	41.9	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CHRIST KING MANOR

<b>Street Address:</b>  1100 W LONG AVE		<b>City and State:</b>  DUBOIS PA 15801	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  160	<b>Type of Ownership:</b>  NON-PROFIT RELIGIOUS	<b>Survey Date:</b>  01/29/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  158	<b>Medicare Residents:</b>  2	<b>Medicaid Residents:</b>  79
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	154	97.5	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	154	97.5	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	130	82.3	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	56.3	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	118	74.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	2	1.3	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	45	28.5	34.9	37.7
<b>Completely bedfast residents.</b>	2	1.3	2.3	3.4
<b>Residents confined to chairs.</b>	52	32.9	52.1	50.8
<b>Residents requiring restraints.</b>	78	49.4	40.3	41.3
<b>Confused or disoriented residents.</b>	100	63.3	57.4	58.4
<b>Residents with bed sores.</b>	11	7.0	7.8	7.1
<b>Residents receiving special skin care.</b>	107	67.7	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE DUBOIS NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
200 S 8TH ST		DUBOIS PA 15801	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	180	NON-PROFIT PRIVATE	01/20/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
174	0	147		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	129	74.1	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	142	81.6	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	84	48.3	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	120	69.0	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	126	72.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	66	37.9	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	83	47.7	52.1	50.8
<b>Residents requiring restraints.</b>	63	36.2	40.3	41.3
<b>Confused or disoriented residents.</b>	85	48.9	57.4	58.4
<b>Residents with bed sores.</b>	11	6.3	7.8	7.1
<b>Residents receiving special skin care.</b>	80	46.0	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE KINKORA PYTHIAN HOME

<b>Street Address:</b>		<b>City and State:</b>	
RD		DUNCANNON PA 17020	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	27	NON-PROFIT OTHER	12/30/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
27	0	15

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	22	81.5	75.5	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	16	59.3	77.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	19	70.4	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	70.4	68.0	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	16	59.3	62.4	59.1
Residents on individually written bowel and bladder retraining program.	5	18.5	10.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	14	51.9	29.6	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.1	3.6
<b>Residents confined to chairs.</b>	9	33.3	35.3	39.1
<b>Residents requiring restraints.</b>	0	0.0	32.9	31.7
<b>Confused or disoriented residents.</b>	13	48.1	59.3	55.8
<b>Residents with bed sores.</b>	0	0.0	3.2	4.7
<b>Residents receiving special skin care.</b>	8	29.6	30.2	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE LAUREL HILL INC

<b>Street Address:</b>		<b>City and State:</b>	
SMITH MILL ST		DUNMORE PA 18512	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	127	PROPRIETARY	06/29/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
121	0	116		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	93	76.9	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	91	75.2	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	85	70.2	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	67.8	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	71	58.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	17	14.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	33	27.3	34.9	37.7
<b>Completely bedfast residents.</b>	2	1.7	2.3	3.4
<b>Residents confined to chairs.</b>	61	50.4	52.1	50.8
<b>Residents requiring restraints.</b>	35	28.9	40.3	41.3
<b>Confused or disoriented residents.</b>	57	47.1	57.4	58.4
<b>Residents with bed sores.</b>	9	7.4	7.8	7.1
<b>Residents receiving special skin care.</b>	26	21.5	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE STROUD MANOR INC

<b>Street Address:</b> 221 E BROWN ST		<b>City and State:</b> EAST STROUDSBURGH PA 18301	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 129	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 06/01/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 119	<b>Medicare Residents:</b> 4	<b>Medicaid Residents:</b> 94	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	83	69.7	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	101	84.9	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	87	73.1	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	73.1	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	76	63.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	7	5.9	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	39	32.8	34.9	37.7
<b>Completely bedfast residents.</b>	1	0.8	2.3	3.4
<b>Residents confined to chairs.</b>	61	51.3	52.1	50.8
<b>Residents requiring restraints.</b>	28	23.5	40.3	41.3
<b>Confused or disoriented residents.</b>	82	68.9	57.4	58.4
<b>Residents with bed sores.</b>	5	4.2	7.8	7.1
<b>Residents receiving special skin care.</b>	15	12.6	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%

MET

49

8.4

1123

11.9

Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.

MET

52

8.9

2045

21.6

Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.

MET

44

7.5

1662

17.6

Drugs are administered according to the written orders of the attending physician.

MET

102

17.4

2739

29.0

Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

MET

32

5.5

1389

14.7

Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.

MET

12

2.1

587

6.2

Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.

MET

11

1.9

816

8.6

An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.

MET

51

8.7

1099

11.6

Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.

MET

21

3.6

1270

13.4

Toilet and bath facilities are clean, sanitary, and free of odors.

MET

37

6.3

1216

12.9

All common resident areas are clean, sanitary and free of odors.

MET

49

8.4

1041

11.0

All essential mechanical and electrical equipment is maintained in safe operating condition.

NOT MET

66

11.3

1413

14.9

Resident care equipment is clean and maintained in safe operating condition.

NOT MET

60

10.3

1408

14.9

Isolation techniques to prevent the spread of infection are followed by all personnel.

MET

90

15.4

2340

24.7

The facility has available at all times a quantity of linen essential for proper care and comfort of residents.

MET

22

3.8

700

7.4

Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.

MET

90

15.4

4050

42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE EASTWOOD CONV HOME

<b>Street Address:</b>		<b>City and State:</b>	
2125 FAIRVIEW AVE		EASTON PA 18042	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE SNF	107	PROPRIETARY	06/18/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
105	0	0

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	94	89.5	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	93	88.6	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	86	81.9	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	88.6	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	69	65.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	8	7.6	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	44	41.9	34.9	37.7
<b>Completely bedfast residents.</b>	2	1.9	2.3	3.4
<b>Residents confined to chairs.</b>	55	52.4	52.1	50.8
<b>Residents requiring restraints.</b>	39	37.1	40.3	41.3
<b>Confused or disoriented residents.</b>	66	62.9	57.4	58.4
<b>Residents with bed sores.</b>	5	4.8	7.8	7.1
<b>Residents receiving special skin care.</b>	39	37.1	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LEADER NURSING REHAB CENTER

<b>Street Address:</b>		<b>City and State:</b>	
2600 NORTHAMPTON ST		EASTON PA 18042	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	180	PROPRIETARY	01/06/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
169	8	34	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	117	69.2	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	148	87.6	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	133	78.7	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	131	77.5	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	96	56.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	55	32.5	34.9	37.7
<b>Completely bedfast residents.</b>	5	3.0	2.3	3.4
<b>Residents confined to chairs.</b>	80	47.3	52.1	50.8
<b>Residents requiring restraints.</b>	86	50.9	40.3	41.3
<b>Confused or disoriented residents.</b>	71	42.0	57.4	58.4
<b>Residents with bed sores.</b>	21	12.4	7.8	7.1
<b>Residents receiving special skin care.</b>	17	10.1	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE NORTHAMPTON CONV CNTR

<b>Street Address:</b>		<b>City and State:</b>	
5TH + WASHINGTON STS		EASTON PA 18042	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	181	PROPRIETARY	01/14/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
175	1	124	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	154	88.0	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	156	89.1	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	126	72.0	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	129	73.7	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	130	74.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	8	4.6	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	84	48.0	34.9	37.7
<b>Completely bedfast residents.</b>	11	6.3	2.3	3.4
<b>Residents confined to chairs.</b>	101	57.7	52.1	50.8
<b>Residents requiring restraints.</b>	76	43.4	40.3	41.3
<b>Confused or disoriented residents.</b>	87	49.7	57.4	58.4
<b>Residents with bed sores.</b>	9	5.1	7.8	7.1
<b>Residents receiving special skin care.</b>	26	14.9	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE PRAXIS NSG HM

<b>Street Address:</b>		<b>City and State:</b>	
5TH WASHINGTON STS		EASTON PA 18042	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	110	PROPRIETARY	09/16/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
68	0	13

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	52	76.5	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	50	73.5	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	43	63.2	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	39.7	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	41	60.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	12	17.6	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	12	17.6	52.1	50.8
<b>Residents requiring restraints.</b>	9	13.2	40.3	41.3
<b>Confused or disoriented residents.</b>	56	82.4	57.4	58.4
<b>Residents with bed sores.</b>	3	4.4	7.8	7.1
<b>Residents receiving special skin care.</b>	16	23.5	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE CAMBRIA CNTY HM/LAURELCREST

<b>Street Address:</b>  P O BOX 360		<b>City and State:</b>  EBENSBURG PA 15931	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  705	<b>Type of Ownership:</b>  LOCAL GOVERNMENT	<b>Survey Date:</b>  03/22/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  682	<b>Medicare Residents:</b>  35	<b>Medicaid Residents:</b>  573
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	527	77.3	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	591	86.7	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	316	46.3	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	511	74.9	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	490	71.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.	33	4.8	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	253	37.1	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	306	44.9	52.1	50.8
<b>Residents requiring restraints.</b>	350	51.3	40.3	41.3
<b>Confused or disoriented residents.</b>	425	62.3	57.4	58.4
<b>Residents with bed sores.</b>	82	12.0	7.8	7.1
<b>Residents receiving special skin care.</b>	362	53.1	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE EDINBORO MANOR

<b>Street Address:</b>		<b>City and State:</b>	
419 WATERFORD ST		EDINBORO PA 16412	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	121	PROPRIETARY	02/11/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
112	0	85	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	92	82.1	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	92	82.1	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	87	77.7	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	77.7	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	87	77.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	10	8.9	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	47	42.0	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	51	45.5	52.1	50.8
<b>Residents requiring restraints.</b>	40	35.7	40.3	41.3
<b>Confused or disoriented residents.</b>	58	51.8	57.4	58.4
<b>Residents with bed sores.</b>	4	3.6	7.8	7.1
<b>Residents receiving special skin care.</b>	42	37.5	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE BROOKMONT HEALTH CARE CTR INC

<b>Street Address:</b>		<b>City and State:</b>	
BOX 50 BROOKMONT DRIVE		EFFORT PA 18330	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	113	PROPRIETARY	01/05/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
100	4	37		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	96	96.0	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	89	89.0	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	78	78.0	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	84.0	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	77	77.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	4	4.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	39	39.0	34.9	37.7
<b>Completely bedfast residents.</b>	6	6.0	2.3	3.4
<b>Residents confined to chairs.</b>	63	63.0	52.1	50.8
<b>Residents requiring restraints.</b>	26	26.0	40.3	41.3
<b>Confused or disoriented residents.</b>	29	29.0	57.4	58.4
<b>Residents with bed sores.</b>	15	15.0	7.8	7.1
<b>Residents receiving special skin care.</b>	15	15.0	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE LEADER NRSG + REHAB CNTR

<b>Street Address:</b>		<b>City and State:</b>	
320 SO MARKET ST		ELIZABETHTOWN PA 17022	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	61	PROPRIETARY	03/21/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
60	1	32

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	50	83.3	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	51	85.0	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	46	76.7	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	78.3	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	52	86.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	22	36.7	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	37	61.7	52.1	50.8
<b>Residents requiring restraints.</b>	21	35.0	40.3	41.3
<b>Confused or disoriented residents.</b>	38	63.3	57.4	58.4
<b>Residents with bed sores.</b>	6	10.0	7.8	7.1
<b>Residents receiving special skin care.</b>	15	25.0	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE MASONIC HOME

<b>Street Address:</b>		<b>City and State:</b>	
MASONIC DR		ELIZABETHTOWN PA 17022	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	482	NON-PROFIT OTHER	09/14/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
459	5	353		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	232	50.5	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	277	60.3	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	247	53.8	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	230	50.1	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	254	55.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	14	3.1	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	79	17.2	34.9	37.7
<b>Completely bedfast residents.</b>	10	2.2	2.3	3.4
<b>Residents confined to chairs.</b>	134	29.2	52.1	50.8
<b>Residents requiring restraints.</b>	99	21.6	40.3	41.3
<b>Confused or disoriented residents.</b>	250	54.5	57.4	58.4
<b>Residents with bed sores.</b>	29	6.3	7.8	7.1
<b>Residents receiving special skin care.</b>	186	40.5	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE KEPLER HOME INC

<b>Street Address:</b>		<b>City and State:</b>	
44 S MARKET ST		ELIZABETHVILLE PA 17023	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	36	PROPRIETARY	11/06/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
34	0	23

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	22	64.7	75.5	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	24	70.6	77.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	18	52.9	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	52.9	68.0	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	18	52.9	62.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	10.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	8	23.5	29.6	29.3
<b>Completely bedfast residents.</b>	1	2.9	2.1	3.6
<b>Residents confined to chairs.</b>	2	5.9	35.3	39.1
<b>Residents requiring restraints.</b>	5	14.7	32.9	31.7
<b>Confused or disoriented residents.</b>	14	41.2	59.3	55.8
<b>Residents with bed sores.</b>	1	2.9	3.2	4.7
<b>Residents receiving special skin care.</b>	22	64.7	30.2	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ROLLING HILL HOSP SNF

<b>Street Address:</b>		<b>City and State:</b>	
60 E TOWNSHIP LINE RD		ELKINS PARK PA 19117	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE SNF	24	PROPRIETARY	08/06/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
1	1	0	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	1	100	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	1	100	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	1	100	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	1	100	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	1	100	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	0	0.0	52.1	50.8
<b>Residents requiring restraints.</b>	0	0.0	40.3	41.3
<b>Confused or disoriented residents.</b>	0	0.0	57.4	58.4
<b>Residents with bed sores.</b>	0	0.0	7.8	7.1
<b>Residents receiving special skin care.</b>	1	100	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE TOWNSHIP MANOR NSG CTR

<b>Street Address:</b>		<b>City and State:</b>	
265 TOWNSHIP LINE RD		ELKINS PARK PA 19117	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	150	PROPRIETARY	08/13/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
139	0	105		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	89	64.0	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	110	79.1	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	106	76.3	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	72.7	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	104	74.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.	8	5.8	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	36	25.9	34.9	37.7
<b>Completely bedfast residents.</b>	5	3.6	2.3	3.4
<b>Residents confined to chairs.</b>	52	37.4	52.1	50.8
<b>Residents requiring restraints.</b>	55	39.6	40.3	41.3
<b>Confused or disoriented residents.</b>	105	75.5	57.4	58.4
<b>Residents with bed sores.</b>	7	5.0	7.8	7.1
<b>Residents receiving special skin care.</b>	42	30.2	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MARY EVANS EXTENDED CARE CENTER

<b>Street Address:</b>  734 PERSHING ST		<b>City and State:</b>  ELLWOOD CITY PA 16117	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  19	<b>Type of Ownership:</b>  NON-PROFIT OTHER	<b>Survey Date:</b>  05/17/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  11	<b>Medicare Residents:</b>  4	<b>Medicaid Residents:</b>  0	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	7	63.6	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	11	100	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	11	100	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	81.8	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	7	63.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	4	36.4	34.9	37.7
<b>Completely bedfast residents.</b>	1	9.1	2.3	3.4
<b>Residents confined to chairs.</b>	1	9.1	52.1	50.8
<b>Residents requiring restraints.</b>	2	18.2	40.3	41.3
<b>Confused or disoriented residents.</b>	3	27.3	57.4	58.4
<b>Residents with bed sores.</b>	5	45.5	7.8	7.1
<b>Residents receiving special skin care.</b>	2	18.2	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ST MARY VILLA NURSING HOME

<b>Street Address:</b> ELMHURST BLVD		<b>City and State:</b> ELMHURST PA 18416	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 121	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 10/23/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 120	<b>Medicare Residents:</b> 3	<b>Medicaid Residents:</b> 75	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	114	95.0	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	106	88.3	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	87	72.5	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	68.3	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	80	66.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	14	11.7	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	43	35.8	34.9	37.7
<b>Completely bedfast residents.</b>	4	3.3	2.3	3.4
<b>Residents confined to chairs.</b>	40	33.3	52.1	50.8
<b>Residents requiring restraints.</b>	50	41.7	40.3	41.3
<b>Confused or disoriented residents.</b>	67	55.8	57.4	58.4
<b>Residents with bed sores.</b>	5	4.2	7.8	7.1
<b>Residents receiving special skin care.</b>	48	40.0	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ELWYN INSTITUTE/NEVIL HALL

<b>Street Address:</b> 111 ELWYN ROAD		<b>City and State:</b> ELWYN PA 19063	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 41	<b>Type of Ownership:</b> NON-PROFIT PRIVATE	<b>Survey Date:</b> 05/15/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 31	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 25	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	15	48.4	75.5	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	13	41.9	77.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	7	22.6	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	35.5	68.0	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	11	35.5	62.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	10.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	29.6	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.1	3.6
<b>Residents confined to chairs.</b>	3	9.7	35.3	39.1
<b>Residents requiring restraints.</b>	0	0.0	32.9	31.7
<b>Confused or disoriented residents.</b>	7	22.6	59.3	55.8
<b>Residents with bed sores.</b>	0	0.0	3.2	4.7
<b>Residents receiving special skin care.</b>	8	25.8	30.2	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE FELT MANOR INC

<b>Street Address:</b>  110 E 4TH ST		<b>City and State:</b>  EMPORIUM PA 15834	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  40	<b>Type of Ownership:</b>  NON-PROFIT OTHER	<b>Survey Date:</b>  05/20/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  39	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  26
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	34	87.2	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	37	94.9	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	34	87.2	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	87.2	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	30	76.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	13	33.3	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	38.5	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	17	43.6	52.1	50.8
<b>Residents requiring restraints.</b>	21	53.8	40.3	41.3
<b>Confused or disoriented residents.</b>	29	74.4	57.4	58.4
<b>Residents with bed sores.</b>	2	5.1	7.8	7.1
<b>Residents receiving special skin care.</b>	16	41.0	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE EPHRATA NSG HOME INC

<b>Street Address:</b> 25 WEST LOCUST ST		<b>City and State:</b> EPHRATA PA 17522	
<b>Participation:</b> MEDICARE SNF	<b># of Beds:</b> 24	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/09/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 19	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 0
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	16	84.2	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	19	100	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	17	89.5	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	84.2	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	14	73.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	5	26.3	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	9	47.4	34.9	37.7
<b>Completely bedfast residents.</b>	1	5.3	2.3	3.4
<b>Residents confined to chairs.</b>	5	26.3	52.1	50.8
<b>Residents requiring restraints.</b>	8	42.1	40.3	41.3
<b>Confused or disoriented residents.</b>	17	89.5	57.4	58.4
<b>Residents with bed sores.</b>	3	15.8	7.8	7.1
<b>Residents receiving special skin care.</b>	5	26.3	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE FAIRMONT REST HOME

<b>Street Address:</b> R D #2		<b>City and State:</b> EPHRATA PA 17522	
<b>Participation:</b> MEDICAID SNF/ICF	<b># of Beds:</b> 116	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 02/19/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 114	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 36	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	103	90.4	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	110	96.5	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	92	80.7	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	85.1	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	97	85.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	61	53.5	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	63	55.3	34.9	37.7
<b>Completely bedfast residents.</b>	1	0.9	2.3	3.4
<b>Residents confined to chairs.</b>	54	47.4	52.1	50.8
<b>Residents requiring restraints.</b>	69	60.5	40.3	41.3
<b>Confused or disoriented residents.</b>	68	59.6	57.4	58.4
<b>Residents with bed sores.</b>	6	5.3	7.8	7.1
<b>Residents receiving special skin care.</b>	20	17.5	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HARSTON HALL NRS CONV HM

<b>Street Address:</b>  350 HAWS LANE		<b>City and State:</b>  ERDENHEIM PA 19118	
<b>Participation:</b>  MEDICAID SNF/ICF	<b># of Beds:</b>  120	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  06/16/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  66	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  45		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	46	69.7	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	54	81.8	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	40	60.6	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	80.3	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	37	56.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	16	24.2	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	25	37.9	52.1	50.8
<b>Residents requiring restraints.</b>	29	43.9	40.3	41.3
<b>Confused or disoriented residents.</b>	31	47.0	57.4	58.4
<b>Residents with bed sores.</b>	3	4.5	7.8	7.1
<b>Residents receiving special skin care.</b>	22	33.3	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE ALPINE MANOR HLTH CNTR

<b>Street Address:</b>		<b>City and State:</b>	
4114 SCHAPER AVE		ERIE PA 16509	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	131	PROPRIETARY	01/13/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
118	1	75	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	104	88.1	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	105	89.0	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	95	80.5	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	80.5	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	92	78.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	4	3.4	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	71	60.2	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	56	47.5	52.1	50.8
<b>Residents requiring restraints.</b>	54	45.8	40.3	41.3
<b>Confused or disoriented residents.</b>	61	51.7	57.4	58.4
<b>Residents with bed sores.</b>	12	10.2	7.8	7.1
<b>Residents receiving special skin care.</b>	29	24.6	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BALL PAVILION

<b>Street Address:</b>  5416 E LAKE RD		<b>City and State:</b>  ERIE PA 16511	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  85	<b>Type of Ownership:</b>  NON-PROFIT RELIGIOUS	<b>Survey Date:</b>  10/21/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  81	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  22	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	71	87.7	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	63	77.8	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	41	50.6	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	66.7	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	60	74.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	4	4.9	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	27	33.3	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	52	64.2	52.1	50.8
<b>Residents requiring restraints.</b>	31	38.3	40.3	41.3
<b>Confused or disoriented residents.</b>	48	59.3	57.4	58.4
<b>Residents with bed sores.</b>	7	8.6	7.8	7.1
<b>Residents receiving special skin care.</b>	30	37.0	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BATTERSBY CONV CNTR INC

<b>Street Address:</b>		<b>City and State:</b>	
2686 PEACH ST		ERIE PA 16508	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	115	PROPRIETARY	06/12/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
108	1	80

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	79	73.1	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	80	74.1	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	73	67.6	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	65.7	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	69	63.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	31	28.7	34.9	37.7
<b>Completely bedfast residents.</b>	3	2.8	2.3	3.4
<b>Residents confined to chairs.</b>	53	49.1	52.1	50.8
<b>Residents requiring restraints.</b>	25	23.1	40.3	41.3
<b>Confused or disoriented residents.</b>	59	54.6	57.4	58.4
<b>Residents with bed sores.</b>	10	9.3	7.8	7.1
<b>Residents receiving special skin care.</b>	11	10.2	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LAKE ERIE INSTITUTE OF REHAB

<b>Street Address:</b>		<b>City and State:</b>	
137 W SECOND ST		ERIE PA 16509	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	59	PROPRIETARY	12/03/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
36	1	0

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	32	88.9	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	33	91.7	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	30	83.3	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	91.7	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	33	91.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	4	11.1	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	29	80.6	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	33	91.7	52.1	50.8
<b>Residents requiring restraints.</b>	27	75.0	40.3	41.3
<b>Confused or disoriented residents.</b>	36	100	57.4	58.4
<b>Residents with bed sores.</b>	0	0.0	7.8	7.1
<b>Residents receiving special skin care.</b>	29	80.6	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE LUTHERAN HOME FOR THE AGED

<b>Street Address:</b>  149 W 22ND ST		<b>City and State:</b>  ERIE PA 16502	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  114	<b>Type of Ownership:</b>  NON-PROFIT PRIVATE	<b>Survey Date:</b>  02/05/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  110	<b>Medicare Residents:</b>  1	<b>Medicaid Residents:</b>  36
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	79	71.8	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	87	79.1	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	80	72.7	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	99.1	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	65	59.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	58	52.7	34.9	37.7
<b>Completely bedfast residents.</b>	1	0.9	2.3	3.4
<b>Residents confined to chairs.</b>	46	41.8	52.1	50.8
<b>Residents requiring restraints.</b>	42	38.2	40.3	41.3
<b>Confused or disoriented residents.</b>	64	58.2	57.4	58.4
<b>Residents with bed sores.</b>	7	6.4	7.8	7.1
<b>Residents receiving special skin care.</b>	9	8.2	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MANOR HOME FOR THE AGED

<b>Street Address:</b>		<b>City and State:</b>	
3401 POPLAR		ERIE PA 16508	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	33	PROPRIETARY	02/10/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
27	0	6	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	18	66.7	75.5	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	23	85.2	77.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	23	85.2	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	85.2	68.0	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	22	81.5	62.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	10.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	4	14.8	29.6	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.1	3.6
<b>Residents confined to chairs.</b>	4	14.8	35.3	39.1
<b>Residents requiring restraints.</b>	14	51.9	32.9	31.7
<b>Confused or disoriented residents.</b>	23	85.2	59.3	55.8
<b>Residents with bed sores.</b>	0	0.0	3.2	4.7
<b>Residents receiving special skin care.</b>	0	0.0	30.2	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE PRESBYTERIAN LODGE

<b>Street Address:</b>		<b>City and State:</b>	
2628 ELMWOOD AVE		ERIE PA 16508	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	55	NON-PROFIT PRIVATE	02/05/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
55	0	14

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	55	100	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	44	80.0	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	42	76.4	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	76.4	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	35	63.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	20	36.4	34.9	37.7
<b>Completely bedfast residents.</b>	1	1.8	2.3	3.4
<b>Residents confined to chairs.</b>	38	69.1	52.1	50.8
<b>Residents requiring restraints.</b>	34	61.8	40.3	41.3
<b>Confused or disoriented residents.</b>	30	54.5	57.4	58.4
<b>Residents with bed sores.</b>	1	1.8	7.8	7.1
<b>Residents receiving special skin care.</b>	14	25.5	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE RONDALE NRSG CONV CNTR

<b>Street Address:</b>  1267 SOUTH HILL RD		<b>City and State:</b>  ERIE PA 16509	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  80	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  11/18/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  80	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  76		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	69	86.2	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	69	86.2	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	58	72.5	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	67.5	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	54	67.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	12	15.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	23	28.7	34.9	37.7
<b>Completely bedfast residents.</b>	4	5.0	2.3	3.4
<b>Residents confined to chairs.</b>	20	25.0	52.1	50.8
<b>Residents requiring restraints.</b>	37	46.2	40.3	41.3
<b>Confused or disoriented residents.</b>	14	17.5	57.4	58.4
<b>Residents with bed sores.</b>	7	8.7	7.8	7.1
<b>Residents receiving special skin care.</b>	76	95.0	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SARAH A REED RET CTR

<b>Street Address:</b>		<b>City and State:</b>	
2214 SASSAFRAS ST		ERIE PA 16502	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	79	NON-PROFIT PRIVATE	06/22/88

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
70	0	4			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		51	72.9	79.6	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		49	70.0	83.9	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		44	62.9	73.4	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		48	68.6	76.0	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		44	62.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.		2	2.9	7.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		28	40.0	34.9	37.7
<b>Completely bedfast residents.</b>		2	2.9	2.3	3.4
<b>Residents confined to chairs.</b>		31	44.3	52.1	50.8
<b>Residents requiring restraints.</b>		18	25.7	40.3	41.3
<b>Confused or disoriented residents.</b>		40	57.1	57.4	58.4
<b>Residents with bed sores.</b>		2	2.9	7.8	7.1
<b>Residents receiving special skin care.</b>		9	12.9	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ST MARYS HOME

<b>Street Address:</b>		<b>City and State:</b>	
607 EAST 26TH ST		ERIE PA 16504	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	193	NON-PROFIT RELIGIOUS	02/26/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
188	1	48		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	152	80.9	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	167	88.8	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	145	77.1	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	138	73.4	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	129	68.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.	7	3.7	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	73	38.8	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	88	46.8	52.1	50.8
<b>Residents requiring restraints.</b>	98	52.1	40.3	41.3
<b>Confused or disoriented residents.</b>	116	61.7	57.4	58.4
<b>Residents with bed sores.</b>	8	4.3	7.8	7.1
<b>Residents receiving special skin care.</b>	39	20.7	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE TWINBROOK MEDICAL CTR

<b>Street Address:</b>		<b>City and State:</b>	
3805 FIELD ST		ERIE PA 16511	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	124	PROPRIETARY	02/19/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
108	4	47		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	95	88.0	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	96	88.9	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	95	88.0	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	86.1	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	84	77.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.	3	2.8	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	26	24.1	34.9	37.7
<b>Completely bedfast residents.</b>	4	3.7	2.3	3.4
<b>Residents confined to chairs.</b>	69	63.9	52.1	50.8
<b>Residents requiring restraints.</b>	28	25.9	40.3	41.3
<b>Confused or disoriented residents.</b>	78	72.2	57.4	58.4
<b>Residents with bed sores.</b>	6	5.6	7.8	7.1
<b>Residents receiving special skin care.</b>	13	12.0	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE WESTERN RESERVE CONV HOMES OF ERIE

<b>Street Address:</b>  1521 W 54TH ST		<b>City and State:</b>  ERIE PA 16501	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  133	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  07/22/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  129	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  86
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	85	65.9	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	106	82.2	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	85	65.9	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	66.7	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	68	52.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	49	38.0	34.9	37.7
<b>Completely bedfast residents.</b>	2	1.6	2.3	3.4
<b>Residents confined to chairs.</b>	86	66.7	52.1	50.8
<b>Residents requiring restraints.</b>	49	38.0	40.3	41.3
<b>Confused or disoriented residents.</b>	54	41.9	57.4	58.4
<b>Residents with bed sores.</b>	17	13.2	7.8	7.1
<b>Residents receiving special skin care.</b>	39	30.2	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE PENNKNOLL VILLAGE NRS HM

<b>Street Address:</b>  RD 1 BOX 420		<b>City and State:</b>  EVERETT PA 15537	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  133	<b>Type of Ownership:</b>  NON-PROFIT RELIGIOUS	<b>Survey Date:</b>  07/20/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  132	<b>Medicare Residents:</b>  1	<b>Medicaid Residents:</b>  82
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	107	81.1	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	106	80.3	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	105	79.5	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	81.1	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	97	73.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	13	9.8	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	53	40.2	34.9	37.7
<b>Completely bedfast residents.</b>	4	3.0	2.3	3.4
<b>Residents confined to chairs.</b>	73	55.3	52.1	50.8
<b>Residents requiring restraints.</b>	69	52.3	40.3	41.3
<b>Confused or disoriented residents.</b>	70	53.0	57.4	58.4
<b>Residents with bed sores.</b>	7	5.3	7.8	7.1
<b>Residents receiving special skin care.</b>	30	22.7	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HIGHLAND MANOR NURS + CONV CTR

<b>Street Address:</b> 750 SCHOOLEY AVE		<b>City and State:</b> EXETER PA 18643	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> NON-PROFIT PRIVATE	<b>Survey Date:</b> 11/24/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 104	<b>Medicare Residents:</b> 3	<b>Medicaid Residents:</b> 81
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	89	85.6	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	79	76.0	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	79	76.0	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	73.1	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	58	55.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.	7	6.7	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	37	35.6	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	32	30.8	52.1	50.8
<b>Residents requiring restraints.</b>	39	37.5	40.3	41.3
<b>Confused or disoriented residents.</b>	43	41.3	57.4	58.4
<b>Residents with bed sores.</b>	6	5.8	7.8	7.1
<b>Residents receiving special skin care.</b>	96	92.3	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE FAIRVIEW MANOR

<b>Street Address:</b> 900 MANCHESTER RD		<b>City and State:</b> FAIRVIEW PA 16415	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 121	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/16/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 111	<b>Medicare Residents:</b> 1	<b>Medicaid Residents:</b> 78
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	85	76.6	79.6	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	111	100	83.9	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	93	83.8	73.4	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	82.0	76.0	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	52	46.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.	3	2.7	7.4	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	51	45.9	34.9	37.7
<b>Completely bedfast residents.</b>	1	0.9	2.3	3.4
<b>Residents confined to chairs.</b>	82	73.9	52.1	50.8
<b>Residents requiring restraints.</b>	70	63.1	40.3	41.3
<b>Confused or disoriented residents.</b>	58	52.3	57.4	58.4
<b>Residents with bed sores.</b>	5	4.5	7.8	7.1
<b>Residents receiving special skin care.</b>	37	33.3	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CALEDONIA MANOR

<b>Street Address:</b>		<b>City and State:</b>	
3301 LINCOLN WAY E		FAYETTEVILLE PA 17222	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	102	PROPRIETARY	01/21/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
82	0	67		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	62	75.6	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	67	81.7	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	54	65.9	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	69.5	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	52	63.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	37	45.1	34.9	37.7
<b>Completely bedfast residents.</b>	6	7.3	2.3	3.4
<b>Residents confined to chairs.</b>	55	67.1	52.1	50.8
<b>Residents requiring restraints.</b>	41	50.0	40.3	41.3
<b>Confused or disoriented residents.</b>	44	53.7	57.4	58.4
<b>Residents with bed sores.</b>	4	4.9	7.8	7.1
<b>Residents receiving special skin care.</b>	35	42.7	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE PINEY MOUNTAIN HM

<b>Street Address:</b>		<b>City and State:</b>	
RD 2, 6375 CHAMBERSBURG RD		FAYETTEVILLE PA 17222	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	92	NON-PROFIT RELIGIOUS	10/19/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
90	1	50

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	57	63.3	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	60	66.7	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	54	60.0	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	61.1	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	45	50.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	16	17.8	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	34	37.8	34.9	37.7
<b>Completely bedfast residents.</b>	8	8.9	2.3	3.4
<b>Residents confined to chairs.</b>	48	53.3	52.1	50.8
<b>Residents requiring restraints.</b>	16	17.8	40.3	41.3
<b>Confused or disoriented residents.</b>	45	50.0	57.4	58.4
<b>Residents with bed sores.</b>	3	3.3	7.8	7.1
<b>Residents receiving special skin care.</b>	38	42.2	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## RIDGCREST CONVALESCENT CENTER INC

<b>Street Address:</b>		<b>City and State:</b>	
1730 BUCK RD		FEASTERVILLE PA 19047	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	128	PROPRIETARY	08/27/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
121	0	36	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	71	58.7	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	85	70.2	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	71	58.7	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	65.3	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	79	65.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	41	33.9	34.9	37.7
<b>Completely bedfast residents.</b>	2	1.7	2.3	3.4
<b>Residents confined to chairs.</b>	43	35.5	52.1	50.8
<b>Residents requiring restraints.</b>	42	34.7	40.3	41.3
<b>Confused or disoriented residents.</b>	62	51.2	57.4	58.4
<b>Residents with bed sores.</b>	8	6.6	7.8	7.1
<b>Residents receiving special skin care.</b>	47	38.8	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ST JOSEPHS VILLA

<b>Street Address:</b>  STENTON WISSAHICKON AVE		<b>City and State:</b>  FLOURTOWN PA 19031	
<b>Participation:</b>  MEDICARE SNF	<b># of Beds:</b>  108	<b>Type of Ownership:</b>  NON-PROFIT RELIGIOUS	<b>Survey Date:</b>  12/16/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  85	<b>Medicare Residents:</b>  3	<b>Medicaid Residents:</b>  0	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	47	55.3	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	69	81.2	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	61	71.8	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	64.7	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	45	52.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	3	3.5	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	17	20.0	34.9	37.7
<b>Completely bedfast residents.</b>	1	1.2	2.3	3.4
<b>Residents confined to chairs.</b>	26	30.6	52.1	50.8
<b>Residents requiring restraints.</b>	17	20.0	40.3	41.3
<b>Confused or disoriented residents.</b>	42	49.4	57.4	58.4
<b>Residents with bed sores.</b>	3	3.5	7.8	7.1
<b>Residents receiving special skin care.</b>	27	31.8	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE FOREST CITY NRSG CNTR

<b>Street Address:</b>		<b>City and State:</b>	
915 DELAWARE ST		FOREST CITY PA 18421	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	140	PROPRIETARY	09/15/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>		<b>Medicare Residents:</b>		<b>Medicaid Residents:</b>	
136		5		106	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		105	77.2	79.6	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		118	86.8	83.9	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		98	72.1	73.4	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		113	83.1	76.0	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		87	64.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.		19	14.0	7.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		24	17.6	34.9	37.7
<b>Completely bedfast residents.</b>		0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>		38	27.9	52.1	50.8
<b>Residents requiring restraints.</b>		57	41.9	40.3	41.3
<b>Confused or disoriented residents.</b>		62	45.6	57.4	58.4
<b>Residents with bed sores.</b>		14	10.3	7.8	7.1
<b>Residents receiving special skin care.</b>		30	22.1	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## DAR-WAY NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
R D 1		FORKSVILLE PA 18616	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	70	PROPRIETARY	05/20/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
64	0	24

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	41	64.1	75.5	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	58	90.6	77.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	51	79.7	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	92.2	68.0	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	41	64.1	62.4	59.1
Residents on individually written bowel and bladder retraining program.	3	4.7	10.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	20	31.3	29.6	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.1	3.6
<b>Residents confined to chairs.</b>	17	26.6	35.3	39.1
<b>Residents requiring restraints.</b>	19	29.7	32.9	31.7
<b>Confused or disoriented residents.</b>	43	67.2	59.3	55.8
<b>Residents with bed sores.</b>	1	1.6	3.2	4.7
<b>Residents receiving special skin care.</b>	19	29.7	30.2	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	10	16.7	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE FORT WASHINGTON ESTATES

<b>Street Address:</b>		<b>City and State:</b>	
FORT WASH SUSQUEHANNA RD		FORT WASHINGTON PA 19034	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE SNF	62	NON-PROFIT OTHER	08/07/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
55	0	0

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	41	74.5	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	45	81.8	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	44	80.0	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	81.8	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	16	29.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	2	3.6	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	18	32.7	34.9	37.7
<b>Completely bedfast residents.</b>	1	1.8	2.3	3.4
<b>Residents confined to chairs.</b>	4	7.3	52.1	50.8
<b>Residents requiring restraints.</b>	13	23.6	40.3	41.3
<b>Confused or disoriented residents.</b>	28	50.9	57.4	58.4
<b>Residents with bed sores.</b>	0	0.0	7.8	7.1
<b>Residents receiving special skin care.</b>	1	1.8	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BROAD MOUNTAIN NSG HOME

<b>Street Address:</b>  500 LAUREL ST		<b>City and State:</b>  FRACKVILLE PA 17931	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  129	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  05/29/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  123	<b>Medicare Residents:</b>  1	<b>Medicaid Residents:</b>  66
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	82	66.7	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	101	82.1	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	92	74.8	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	75.6	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	67	54.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	8	6.5	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	29	23.6	34.9	37.7
<b>Completely bedfast residents.</b>	12	9.8	2.3	3.4
<b>Residents confined to chairs.</b>	59	48.0	52.1	50.8
<b>Residents requiring restraints.</b>	58	47.2	40.3	41.3
<b>Confused or disoriented residents.</b>	61	49.6	57.4	58.4
<b>Residents with bed sores.</b>	2	1.6	7.8	7.1
<b>Residents receiving special skin care.</b>	21	17.1	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE VENANGO MANOR

<b>Street Address:</b> SUGARCREEK ROAD RD 3		<b>City and State:</b> FRANKLIN PA 16323	
<b>Participation:</b> MEDICAID SNF/ICF	<b># of Beds:</b> 178	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 06/15/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 173	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 141	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	113	65.3	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	123	71.1	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	94	54.3	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	48.0	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	89	51.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	4	2.3	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	26	15.0	34.9	37.7
<b>Completely bedfast residents.</b>	2	1.2	2.3	3.4
<b>Residents confined to chairs.</b>	54	31.2	52.1	50.8
<b>Residents requiring restraints.</b>	63	36.4	40.3	41.3
<b>Confused or disoriented residents.</b>	124	71.7	57.4	58.4
<b>Residents with bed sores.</b>	7	4.0	7.8	7.1
<b>Residents receiving special skin care.</b>	28	16.2	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE FREDERICK MENNONITE HOME

<b>Street Address:</b>		<b>City and State:</b>	
ROUTE 73		FREDERICK PA 19435	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	60	NON-PROFIT RELIGIOUS	07/30/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
48	0	11

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	43	89.6	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	46	95.8	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	40	83.3	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	83.3	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	28	58.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	2	4.2	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	17	35.4	34.9	37.7
<b>Completely bedfast residents.</b>	1	2.1	2.3	3.4
<b>Residents confined to chairs.</b>	27	56.3	52.1	50.8
<b>Residents requiring restraints.</b>	22	45.8	40.3	41.3
<b>Confused or disoriented residents.</b>	35	72.9	57.4	58.4
<b>Residents with bed sores.</b>	2	4.2	7.8	7.1
<b>Residents receiving special skin care.</b>	14	29.2	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE GETTYSBURG LUTHERAN HM

<b>Street Address:</b>		<b>City and State:</b>	
1075 OLD HARRISBURG RD		GETTYSBURG PA 17325	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	100	NON-PROFIT RELIGIOUS	03/24/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
95	0	34		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	75	78.9	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	76	80.0	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	66	69.5	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	74.7	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	59	62.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	29	30.5	34.9	37.7
<b>Completely bedfast residents.</b>	1	1.1	2.3	3.4
<b>Residents confined to chairs.</b>	68	71.6	52.1	50.8
<b>Residents requiring restraints.</b>	17	17.9	40.3	41.3
<b>Confused or disoriented residents.</b>	57	60.0	57.4	58.4
<b>Residents with bed sores.</b>	4	4.2	7.8	7.1
<b>Residents receiving special skin care.</b>	5	5.3	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE GETTYSBURG VILLAGE GREEN NSG CTR

<b>Street Address:</b>		<b>City and State:</b>	
867 YORK RD		GETTYSBURG PA 17325	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	05/06/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
87	1	49		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	64	73.6	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	72	82.8	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	69	79.3	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	60.9	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	63	72.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	14	16.1	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	40	46.0	52.1	50.8
<b>Residents requiring restraints.</b>	29	33.3	40.3	41.3
<b>Confused or disoriented residents.</b>	30	34.5	57.4	58.4
<b>Residents with bed sores.</b>	10	11.5	7.8	7.1
<b>Residents receiving special skin care.</b>	46	52.9	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE GREEN ACRES ADAMS CNTY HM

<b>Street Address:</b>		<b>City and State:</b>	
595 BIGLERVILLE RD		GETTYSBURG PA 17325	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	156	LOCAL GOVERNMENT	05/18/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
141	0	134	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	102	72.3	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	121	85.8	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	89	63.1	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	68.8	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	83	58.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	45	31.9	34.9	37.7
<b>Completely bedfast residents.</b>	2	1.4	2.3	3.4
<b>Residents confined to chairs.</b>	43	30.5	52.1	50.8
<b>Residents requiring restraints.</b>	56	39.7	40.3	41.3
<b>Confused or disoriented residents.</b>	60	42.6	57.4	58.4
<b>Residents with bed sores.</b>	7	5.0	7.8	7.1
<b>Residents receiving special skin care.</b>	38	27.0	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MICHAEL MANOR

<b>Street Address:</b>		<b>City and State:</b>	
741 CHAMBERSBURG RD		GETTYSBURG PA 17329	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	106	PROPRIETARY	09/25/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
105	3	40			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		78	74.3	79.6	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		89	84.8	83.9	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		63	60.0	73.4	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		72	68.6	76.0	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		65	61.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	7.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		35	33.3	34.9	37.7
<b>Completely bedfast residents.</b>		1	1.0	2.3	3.4
<b>Residents confined to chairs.</b>		56	53.3	52.1	50.8
<b>Residents requiring restraints.</b>		24	22.9	40.3	41.3
<b>Confused or disoriented residents.</b>		77	73.3	57.4	58.4
<b>Residents with bed sores.</b>		8	7.6	7.8	7.1
<b>Residents receiving special skin care.</b>		5	4.8	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE ST BARNABAS INC

<b>Street Address:</b>		<b>City and State:</b>	
5827 MERIDIAN RD		GIBSONIA PA 15044	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	107	NON-PROFIT OTHER	06/08/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
102	0	88	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	85	83.3	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	89	87.3	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	88	86.3	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	87.3	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	51	50.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	15	14.7	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	53	52.0	34.9	37.7
<b>Completely bedfast residents.</b>	1	1.0	2.3	3.4
<b>Residents confined to chairs.</b>	89	87.3	52.1	50.8
<b>Residents requiring restraints.</b>	59	57.8	40.3	41.3
<b>Confused or disoriented residents.</b>	40	39.2	57.4	58.4
<b>Residents with bed sores.</b>	1	1.0	7.8	7.1
<b>Residents receiving special skin care.</b>	65	63.7	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ERIE COUNTY GERI CNTR + ANNEX

<b>Street Address:</b> RD 2 RTE 20		<b>City and State:</b> GIRARD PA 16417	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 519	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 05/27/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 472	<b>Medicare Residents:</b> 5	<b>Medicaid Residents:</b> 456		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	388	82.2	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	407	86.2	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	264	55.9	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	365	77.3	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	348	73.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	3	0.6	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	190	40.3	34.9	37.7
<b>Completely bedfast residents.</b>	3	0.6	2.3	3.4
<b>Residents confined to chairs.</b>	321	68.0	52.1	50.8
<b>Residents requiring restraints.</b>	232	49.2	40.3	41.3
<b>Confused or disoriented residents.</b>	241	51.1	57.4	58.4
<b>Residents with bed sores.</b>	22	4.7	7.8	7.1
<b>Residents receiving special skin care.</b>	200	42.4	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE WAVERLY HEIGHTS

<b>Street Address:</b> 1400 WAVERLY ROAD PO BOX 179		<b>City and State:</b> GLADWYNE PA 19035	
<b>Participation:</b> MEDICARE SNF	<b># of Beds:</b> 29	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 07/22/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 28	<b>Medicare Residents:</b> 3	<b>Medicaid Residents:</b> 0	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	24	85.7	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	28	100	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	24	85.7	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	85.7	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	24	85.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	25	89.3	34.9	37.7
<b>Completely bedfast residents.</b>	2	7.1	2.3	3.4
<b>Residents confined to chairs.</b>	19	67.9	52.1	50.8
<b>Residents requiring restraints.</b>	10	35.7	40.3	41.3
<b>Confused or disoriented residents.</b>	23	82.1	57.4	58.4
<b>Residents with bed sores.</b>	3	10.7	7.8	7.1
<b>Residents receiving special skin care.</b>	13	46.4	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE EDGEHILL NSG HOME

<b>Street Address:</b> 146 EDGEHILL RD		<b>City and State:</b> GLENSIDE PA 19038	
<b>Participation:</b> MEDICAID SNF/ICF	<b># of Beds:</b> 60	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 09/15/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 55	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 55
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	46	83.6	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	40	72.7	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	27	49.1	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	52.7	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	31	56.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	27.3	34.9	37.7
<b>Completely bedfast residents.</b>	1	1.8	2.3	3.4
<b>Residents confined to chairs.</b>	27	49.1	52.1	50.8
<b>Residents requiring restraints.</b>	16	29.1	40.3	41.3
<b>Confused or disoriented residents.</b>	29	52.7	57.4	58.4
<b>Residents with bed sores.</b>	3	5.5	7.8	7.1
<b>Residents receiving special skin care.</b>	7	12.7	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MALTA HOME

<b>Street Address:</b> PO DRAWER E		<b>City and State:</b> GRANVILLE PA 17029	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 24	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 08/07/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 23	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 15
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	20	87.0	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	21	91.3	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	20	87.0	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	87.0	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	15	65.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.	7	30.4	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	6	26.1	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	21	91.3	52.1	50.8
<b>Residents requiring restraints.</b>	13	56.5	40.3	41.3
<b>Confused or disoriented residents.</b>	19	82.6	57.4	58.4
<b>Residents with bed sores.</b>	3	13.0	7.8	7.1
<b>Residents receiving special skin care.</b>	14	60.9	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE GREENSBURG NURSING CONV CNTR

<b>Street Address:</b> LUXOR DONOHOE RD PO BOX 956		<b>City and State:</b> GREENSBURG PA 15601	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 05/12/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 85	<b>Medicare Residents:</b> 3	<b>Medicaid Residents:</b> 2
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	63	74.1	79.6	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	72	84.7	83.9	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	67	78.8	73.4	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	82.4	76.0	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	55	64.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	13	15.3	7.4	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	50	58.8	34.9	37.7
<b>Completely bedfast residents.</b>	3	3.5	2.3	3.4
<b>Residents confined to chairs.</b>	33	38.8	52.1	50.8
<b>Residents requiring restraints.</b>	26	30.6	40.3	41.3
<b>Confused or disoriented residents.</b>	40	47.1	57.4	58.4
<b>Residents with bed sores.</b>	7	8.2	7.8	7.1
<b>Residents receiving special skin care.</b>	24	28.2	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE GREENSBURGH HOME

<b>Street Address:</b>		<b>City and State:</b>	
6 GARDEN CTR DR		GREENSBURG PA 15601	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	64	NON-PROFIT RELIGIOUS	01/14/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
61	0	15		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	51	83.6	75.5	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	41	67.2	77.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	29	47.5	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	72.1	68.0	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	33	54.1	62.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	10.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	9	14.8	29.6	29.3
<b>Completely bedfast residents.</b>	1	1.6	2.1	3.6
<b>Residents confined to chairs.</b>	4	6.6	35.3	39.1
<b>Residents requiring restraints.</b>	15	24.6	32.9	31.7
<b>Confused or disoriented residents.</b>	26	42.6	59.3	55.8
<b>Residents with bed sores.</b>	1	1.6	3.2	4.7
<b>Residents receiving special skin care.</b>	1	1.6	30.2	24.0



## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HOPEHILL NURSING HOME

<b>Street Address:</b> RD 6 BOX 499 WOODWARD DR		<b>City and State:</b> GREENSBURG PA 15601	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 08/05/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 103	<b>Medicare Residents:</b> 1	<b>Medicaid Residents:</b> 96	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	96	93.2	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	94	91.3	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	93	90.3	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	87.4	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	57	55.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	36	35.0	34.9	37.7
<b>Completely bedfast residents.</b>	1	1.0	2.3	3.4
<b>Residents confined to chairs.</b>	63	61.2	52.1	50.8
<b>Residents requiring restraints.</b>	43	41.7	40.3	41.3
<b>Confused or disoriented residents.</b>	0	0.0	57.4	58.4
<b>Residents with bed sores.</b>	15	14.6	7.8	7.1
<b>Residents receiving special skin care.</b>	73	70.9	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MOUNTAIN VIEW CENTER INC

<b>Street Address:</b> RD 7 BOX 249		<b>City and State:</b> GREENSBURG PA 15601	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 137	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 01/29/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 130		<b>Medicare Residents:</b> 7		<b>Medicaid Residents:</b> 28	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		100	76.9	79.6	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		109	83.8	83.9	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		102	78.5	73.4	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		101	77.7	76.0	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		86	66.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	7.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		52	40.0	34.9	37.7
<b>Completely bedfast residents.</b>		0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>		77	59.2	52.1	50.8
<b>Residents requiring restraints.</b>		72	55.4	40.3	41.3
<b>Confused or disoriented residents.</b>		79	60.8	57.4	58.4
<b>Residents with bed sores.</b>		10	7.7	7.8	7.1
<b>Residents receiving special skin care.</b>		63	48.5	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE OAK HILL HM OF REST CARE INC

<b>Street Address:</b>		<b>City and State:</b>	
RD 7 LUXOR ROAD		GREENSBURG PA 15601	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	48	PROPRIETARY	01/04/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
44	0	2		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	36	81.8	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	41	93.2	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	35	79.5	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	77.3	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	34	77.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	18	40.9	34.9	37.7
<b>Completely bedfast residents.</b>	1	2.3	2.3	3.4
<b>Residents confined to chairs.</b>	24	54.5	52.1	50.8
<b>Residents requiring restraints.</b>	29	65.9	40.3	41.3
<b>Confused or disoriented residents.</b>	24	54.5	57.4	58.4
<b>Residents with bed sores.</b>	4	9.1	7.8	7.1
<b>Residents receiving special skin care.</b>	8	18.2	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ST ANNE HM FOR ELDERLY

<b>Street Address:</b>		<b>City and State:</b>	
685 ANGELA DR		GREENSBURG PA 15601	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	125	NON-PROFIT RELIGIOUS	03/18/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
117	2	47		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	105	89.7	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	103	88.0	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	86	73.5	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	87.2	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	77	65.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	60	51.3	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	81	69.2	52.1	50.8
<b>Residents requiring restraints.</b>	60	51.3	40.3	41.3
<b>Confused or disoriented residents.</b>	75	64.1	57.4	58.4
<b>Residents with bed sores.</b>	3	2.6	7.8	7.1
<b>Residents receiving special skin care.</b>	22	18.8	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WESTMORELAND MANOR CNTY HM

<b>Street Address:</b>		<b>City and State:</b>	
2480 S GRANDE BLVD		GREENSBURG PA 15601	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	540	LOCAL GOVERNMENT	12/07/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>		<b>Medicare Residents:</b>		<b>Medicaid Residents:</b>	
528		9		509	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		482	91.3	79.6	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		510	96.6	83.9	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		484	91.7	73.4	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		483	91.5	76.0	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		475	90.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	7.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		239	45.3	34.9	37.7
<b>Completely bedfast residents.</b>		14	2.7	2.3	3.4
<b>Residents confined to chairs.</b>		413	78.2	52.1	50.8
<b>Residents requiring restraints.</b>		380	72.0	40.3	41.3
<b>Confused or disoriented residents.</b>		355	67.2	57.4	58.4
<b>Residents with bed sores.</b>		46	8.7	7.8	7.1
<b>Residents receiving special skin care.</b>		311	58.9	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE GILMORES WHITE CLIFF NH INC

<b>Street Address:</b>		<b>City and State:</b>	
110 FREDONIA ROAD		GREENVILLE PA 16125	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	134	PROPRIETARY	06/09/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
126	4	88		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	117	92.9	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	113	89.7	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	95	75.4	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	84.9	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	74	58.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	56	44.4	34.9	37.7
<b>Completely bedfast residents.</b>	5	4.0	2.3	3.4
<b>Residents confined to chairs.</b>	76	60.3	52.1	50.8
<b>Residents requiring restraints.</b>	54	42.9	40.3	41.3
<b>Confused or disoriented residents.</b>	49	38.9	57.4	58.4
<b>Residents with bed sores.</b>	9	7.1	7.8	7.1
<b>Residents receiving special skin care.</b>	40	31.7	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ST PAUL HOMES

<b>Street Address:</b>		<b>City and State:</b>	
339 E JAMESTOWN RD		GREENVILLE PA 16125	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	226	NON-PROFIT RELIGIOUS	03/09/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>			
209	5	120			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		158	75.6	79.6	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		146	69.9	83.9	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		137	65.6	73.4	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		132	63.2	76.0	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		117	56.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.		9	4.3	7.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		55	26.3	34.9	37.7
<b>Completely bedfast residents.</b>		14	6.7	2.3	3.4
<b>Residents confined to chairs.</b>		108	51.7	52.1	50.8
<b>Residents requiring restraints.</b>		69	33.0	40.3	41.3
<b>Confused or disoriented residents.</b>		110	52.6	57.4	58.4
<b>Residents with bed sores.</b>		48	23.0	7.8	7.1
<b>Residents receiving special skin care.</b>		40	19.1	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE GROVE MANOR

<b>Street Address:</b>		<b>City and State:</b>	
435 NORTH BROAD STREET		GROVE CITY PA 16127	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	59	NON-PROFIT RELIGIOUS	08/06/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
58	2	14

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	56	96.6	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	54	93.1	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	39	67.2	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	74.1	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	31	53.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	2	3.4	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	53	91.4	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	20	34.5	52.1	50.8
<b>Residents requiring restraints.</b>	25	43.1	40.3	41.3
<b>Confused or disoriented residents.</b>	40	69.0	57.4	58.4
<b>Residents with bed sores.</b>	2	3.4	7.8	7.1
<b>Residents receiving special skin care.</b>	18	31.0	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE HILLCREST NSG CNTR

<b>Street Address:</b> 400 HILLCREST AVE		<b>City and State:</b> GROVE CITY PA 16127	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 121	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 06/26/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 117	<b>Medicare Residents:</b> 2	<b>Medicaid Residents:</b> 78		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	97	82.9	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	95	81.2	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	80	68.4	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	59.8	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	53	45.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	25	21.4	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	31	26.5	52.1	50.8
<b>Residents requiring restraints.</b>	35	29.9	40.3	41.3
<b>Confused or disoriented residents.</b>	48	41.0	57.4	58.4
<b>Residents with bed sores.</b>	6	5.1	7.8	7.1
<b>Residents receiving special skin care.</b>	38	32.5	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ORCHARD MANOR INC

<b>Street Address:</b>  R D 3		<b>City and State:</b>  GROVE CITY PA 16127	
<b>Participation:</b>  MEDICAID SNF/ICF	<b># of Beds:</b>  121	<b>Type of Ownership:</b>  NON-PROFIT OTHER	<b>Survey Date:</b>  10/13/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  121	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  60
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	88	72.7	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	96	79.3	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	67	55.4	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	62.8	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	71	58.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	63	52.1	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	50	41.3	34.9	37.7
<b>Completely bedfast residents.</b>	1	0.8	2.3	3.4
<b>Residents confined to chairs.</b>	51	42.1	52.1	50.8
<b>Residents requiring restraints.</b>	76	62.8	40.3	41.3
<b>Confused or disoriented residents.</b>	8	6.6	57.4	58.4
<b>Residents with bed sores.</b>	0	0.0	7.8	7.1
<b>Residents receiving special skin care.</b>	0	0.0	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE FOULKEWAYS AT GWYNEDD INC

<b>Street Address:</b> MEETINGHOUSE RD		<b>City and State:</b> GWYNEDD PA 19436	
<b>Participation:</b> MEDICARE SNF	<b># of Beds:</b> 68	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 12/23/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 52	<b>Medicare Residents:</b> 1	<b>Medicaid Residents:</b> 0	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	52	100	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	42	80.8	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	40	76.9	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	76.9	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	46	88.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	1.9	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	14	26.9	34.9	37.7
<b>Completely bedfast residents.</b>	1	1.9	2.3	3.4
<b>Residents confined to chairs.</b>	20	38.5	52.1	50.8
<b>Residents requiring restraints.</b>	7	13.5	40.3	41.3
<b>Confused or disoriented residents.</b>	28	53.8	57.4	58.4
<b>Residents with bed sores.</b>	0	0.0	7.8	7.1
<b>Residents receiving special skin care.</b>	1	1.9	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LAUREL LIVING CNTR

<b>Street Address:</b>		<b>City and State:</b>	
RD 3 BOX 3835		HAMBURG PA 19526	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT RELIGIOUS	06/01/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
120	8	56	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	92	76.7	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	111	92.5	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	93	77.5	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	75.8	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	80	66.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	4	3.3	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	38	31.7	34.9	37.7
<b>Completely bedfast residents.</b>	3	2.5	2.3	3.4
<b>Residents confined to chairs.</b>	53	44.2	52.1	50.8
<b>Residents requiring restraints.</b>	33	27.5	40.3	41.3
<b>Confused or disoriented residents.</b>	81	67.5	57.4	58.4
<b>Residents with bed sores.</b>	15	12.5	7.8	7.1
<b>Residents receiving special skin care.</b>	44	36.7	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HANOVER HALL

<b>Street Address:</b>		<b>City and State:</b>	
267 FREDERICK ST		HANOVER PA 17331	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	156	PROPRIETARY	07/17/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
151	1	33

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	130	86.1	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	130	86.1	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	100	66.2	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	72.8	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	100	66.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.	6	4.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	47	31.1	34.9	37.7
<b>Completely bedfast residents.</b>	1	0.7	2.3	3.4
<b>Residents confined to chairs.</b>	58	38.4	52.1	50.8
<b>Residents requiring restraints.</b>	41	27.2	40.3	41.3
<b>Confused or disoriented residents.</b>	64	42.4	57.4	58.4
<b>Residents with bed sores.</b>	14	9.3	7.8	7.1
<b>Residents receiving special skin care.</b>	26	17.2	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HILLVIEW HOUSE HANOVER GEN HOSP

<b>Street Address:</b>		<b>City and State:</b>	
CHARLES ST + HIGHLAND		HANOVER PA 17331	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	41	NON-PROFIT OTHER	03/11/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>		<b>Medicare Residents:</b>		<b>Medicaid Residents:</b>	
37		6		8	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		30	81.1	79.6	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		36	97.3	83.9	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		32	86.5	73.4	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		31	83.8	76.0	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		24	64.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.		2	5.4	7.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		15	40.5	34.9	37.7
<b>Completely bedfast residents.</b>		0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>		16	43.2	52.1	50.8
<b>Residents requiring restraints.</b>		6	16.2	40.3	41.3
<b>Confused or disoriented residents.</b>		22	59.5	57.4	58.4
<b>Residents with bed sores.</b>		1	2.7	7.8	7.1
<b>Residents receiving special skin care.</b>		8	21.6	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HOMWOOD RETIREMENT CTR

<b>Street Address:</b> 11 YORK ST		<b>City and State:</b> HANOVER PA 17331	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 39	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 09/18/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 39	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 10
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	39	100	75.5	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	34	87.2	77.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	31	79.5	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	71.8	68.0	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	28	71.8	62.4	59.1
Residents on individually written bowel and bladder retraining program.	32	82.1	10.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	17	43.6	29.6	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.1	3.6
<b>Residents confined to chairs.</b>	16	41.0	35.3	39.1
<b>Residents requiring restraints.</b>	0	0.0	32.9	31.7
<b>Confused or disoriented residents.</b>	36	92.3	59.3	55.8
<b>Residents with bed sores.</b>	0	0.0	3.2	4.7
<b>Residents receiving special skin care.</b>	39	100	30.2	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## PETER BECKER MEM HOME

<b>Street Address:</b>		<b>City and State:</b>	
MAPLE AVE YODER RD		HARLEYSVILLE PA 19438	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	81	NON-PROFIT RELIGIOUS	03/23/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
78	0	14		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	63	80.8	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	74	94.9	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	61	78.2	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	79.5	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	56	71.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.	11	14.1	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	26	33.3	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	32	41.0	52.1	50.8
<b>Residents requiring restraints.</b>	30	38.5	40.3	41.3
<b>Confused or disoriented residents.</b>	39	50.0	57.4	58.4
<b>Residents with bed sores.</b>	2	2.6	7.8	7.1
<b>Residents receiving special skin care.</b>	23	29.5	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE EVERGREEN CONV HM

<b>Street Address:</b>		<b>City and State:</b>	
MILL RD PO BOX 180		HARMONY PA 16037	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	74	PROPRIETARY	07/16/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
43	0	36

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	22	51.2	75.5	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	30	69.8	77.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	23	53.5	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	53.5	68.0	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	32	74.4	62.4	59.1
Residents on individually written bowel and bladder retraining program.	1	2.3	10.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	14	32.6	29.6	29.3
<b>Completely bedfast residents.</b>	1	2.3	2.1	3.6
<b>Residents confined to chairs.</b>	8	18.6	35.3	39.1
<b>Residents requiring restraints.</b>	8	18.6	32.9	31.7
<b>Confused or disoriented residents.</b>	36	83.7	59.3	55.8
<b>Residents with bed sores.</b>	0	0.0	3.2	4.7
<b>Residents receiving special skin care.</b>	0	0.0	30.2	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BLUE RIDGE HAVEN CONV CTR EAST

<b>Street Address:</b>		<b>City and State:</b>	
3625 N PROGRESS AVE		HARRISBURG PA 17110	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	67	PROPRIETARY	09/04/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
64	1	34

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	49	76.6	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	54	84.4	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	50	78.1	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	84.4	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	45	70.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	30	46.9	34.9	37.7
<b>Completely bedfast residents.</b>	1	1.6	2.3	3.4
<b>Residents confined to chairs.</b>	33	51.6	52.1	50.8
<b>Residents requiring restraints.</b>	20	31.3	40.3	41.3
<b>Confused or disoriented residents.</b>	43	67.2	57.4	58.4
<b>Residents with bed sores.</b>	2	3.1	7.8	7.1
<b>Residents receiving special skin care.</b>	39	60.9	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE DAUPHIN MANOR

<b>Street Address:</b>		<b>City and State:</b>	
1205 S 28TH ST		HARRISBURG PA 17111	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	424	LOCAL GOVERNMENT	12/18/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
407	3	393		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	301	74.0	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	329	80.8	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	286	70.3	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	334	82.1	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	274	67.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	7	1.7	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	181	44.5	34.9	37.7
<b>Completely bedfast residents.</b>	36	8.8	2.3	3.4
<b>Residents confined to chairs.</b>	261	64.1	52.1	50.8
<b>Residents requiring restraints.</b>	166	40.8	40.3	41.3
<b>Confused or disoriented residents.</b>	264	64.9	57.4	58.4
<b>Residents with bed sores.</b>	30	7.4	7.8	7.1
<b>Residents receiving special skin care.</b>	79	19.4	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HOMELAND CNTR

<b>Street Address:</b>		<b>City and State:</b>	
1901 N FIFTH ST		HARRISBURG PA 17102	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	60	NON-PROFIT PRIVATE	05/09/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>		<b>Medicare Residents:</b>		<b>Medicaid Residents:</b>	
56		5		19	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		43	76.8	79.6	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		48	85.7	83.9	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		45	80.4	73.4	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		40	71.4	76.0	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		28	50.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	7.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		15	26.8	34.9	37.7
<b>Completely bedfast residents.</b>		3	5.4	2.3	3.4
<b>Residents confined to chairs.</b>		18	32.1	52.1	50.8
<b>Residents requiring restraints.</b>		12	21.4	40.3	41.3
<b>Confused or disoriented residents.</b>		38	67.9	57.4	58.4
<b>Residents with bed sores.</b>		1	1.8	7.8	7.1
<b>Residents receiving special skin care.</b>		12	21.4	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE JEWISH HOME GREATER HRSBG

<b>Street Address:</b>		<b>City and State:</b>	
4000 LINGLESTOWN RD		HARRISBURG PA 17112	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT RELIGIOUS	12/31/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
106	1	55			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		84	79.2	79.6	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		85	80.2	83.9	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		74	69.8	73.4	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		74	69.8	76.0	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		78	73.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.		18	17.0	7.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		28	26.4	34.9	37.7
<b>Completely bedfast residents.</b>		0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>		33	31.1	52.1	50.8
<b>Residents requiring restraints.</b>		16	15.1	40.3	41.3
<b>Confused or disoriented residents.</b>		55	51.9	57.4	58.4
<b>Residents with bed sores.</b>		5	4.7	7.8	7.1
<b>Residents receiving special skin care.</b>		58	54.7	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LEADER NRS REHAB CTR

<b>Street Address:</b>		<b>City and State:</b>	
800 KING RUSS RD		HARRISBURG PA 17109	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	240	PROPRIETARY	08/14/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
235	9	158	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	160	68.1	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	198	84.3	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	173	73.6	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	165	70.2	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	163	69.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	3	1.3	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	99	42.1	34.9	37.7
<b>Completely bedfast residents.</b>	15	6.4	2.3	3.4
<b>Residents confined to chairs.</b>	120	51.1	52.1	50.8
<b>Residents requiring restraints.</b>	100	42.6	40.3	41.3
<b>Confused or disoriented residents.</b>	96	40.9	57.4	58.4
<b>Residents with bed sores.</b>	21	8.9	7.8	7.1
<b>Residents receiving special skin care.</b>	70	29.8	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE POLYCLINIC MED CTR EXT CARE FAC

<b>Street Address:</b>		<b>City and State:</b>	
2601 N 3RD ST		HARRISBURG PA 17110	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	88	NON-PROFIT PRIVATE	10/29/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
75	3	17

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	66	88.0	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	69	92.0	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	66	88.0	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	89.3	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	59	78.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	17	22.7	34.9	37.7
<b>Completely bedfast residents.</b>	6	8.0	2.3	3.4
<b>Residents confined to chairs.</b>	36	48.0	52.1	50.8
<b>Residents requiring restraints.</b>	22	29.3	40.3	41.3
<b>Confused or disoriented residents.</b>	54	72.0	57.4	58.4
<b>Residents with bed sores.</b>	3	4.0	7.8	7.1
<b>Residents receiving special skin care.</b>	9	12.0	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SUSQUEHANNA CENTER FOR NSG & REHAB

<b>Street Address:</b>		<b>City and State:</b>	
PO BX 3245 1909 N FRONT ST		HARRISBURG PA 17105	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	180	PROPRIETARY	05/19/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
169	10	96		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	146	86.4	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	142	84.0	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	116	68.6	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	126	74.6	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	113	66.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	55	32.5	34.9	37.7
<b>Completely bedfast residents.</b>	15	8.9	2.3	3.4
<b>Residents confined to chairs.</b>	96	56.8	52.1	50.8
<b>Residents requiring restraints.</b>	67	39.6	40.3	41.3
<b>Confused or disoriented residents.</b>	87	51.5	57.4	58.4
<b>Residents with bed sores.</b>	15	8.9	7.8	7.1
<b>Residents receiving special skin care.</b>	17	10.1	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## MAPLEWOOD MANOR CONV CTR INC

<b>Street Address:</b>		<b>City and State:</b>	
125 W SCHOOLHOUSE LANE		PHILADELPHIA PA 19144	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	180	PROPRIETARY	03/08/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
172	0	159

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	128	74.4	75.5	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	144	83.7	77.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	140	81.4	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	138	80.2	68.0	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	114	66.3	62.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	10.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	62	36.0	29.6	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.1	3.6
<b>Residents confined to chairs.</b>	72	41.9	35.3	39.1
<b>Residents requiring restraints.</b>	63	36.6	32.9	31.7
<b>Confused or disoriented residents.</b>	108	62.8	59.3	55.8
<b>Residents with bed sores.</b>	0	0.0	3.2	4.7
<b>Residents receiving special skin care.</b>	18	10.5	30.2	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	10	16.7	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE MARWOOD REST HM INC

<b>Street Address:</b>		<b>City and State:</b>	
1018-20 OAK LANE AVE		PHILADELPHIA PA 19126	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	87	PROPRIETARY	02/23/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
86	0	58	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	75	87.2	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	73	84.9	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	60	69.8	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	82.6	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	58	67.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	13	15.1	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	13	15.1	34.9	37.7
<b>Completely bedfast residents.</b>	3	3.5	2.3	3.4
<b>Residents confined to chairs.</b>	48	55.8	52.1	50.8
<b>Residents requiring restraints.</b>	21	24.4	40.3	41.3
<b>Confused or disoriented residents.</b>	51	59.3	57.4	58.4
<b>Residents with bed sores.</b>	9	10.5	7.8	7.1
<b>Residents receiving special skin care.</b>	10	11.6	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HAIDA MANOR

<b>Street Address:</b>		<b>City and State:</b>	
3RD ST EXTENSION		HASTINGS PA 16646	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	102	PROPRIETARY	04/14/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
94	0	66	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

#### Bathing

Residents requiring some or total assistance in bathing.

84 89.4 79.6 81.5

#### Dressing

Residents requiring some or total assistance in dressing.

84 89.4 83.9 83.2

#### Toileting

Residents requiring some or total assistance in toileting.

70 74.5 73.4 73.8

#### Transferring

Residents requiring some or total assistance moving from bed to chair or to tub or toilet.

71 75.5 76.0 77.2

#### Continence

Residents with catheters or partial or total loss of bowel or bladder control.

45 47.9 68.3 68.2

Residents on individually written bowel and bladder retraining program.

4 4.3 7.4 4.6

#### Eating

Residents receiving tube feedings or requiring assistance with eating.

24 25.5 34.9 37.7

#### Completely bedfast residents.

1 1.1 2.3 3.4

#### Residents confined to chairs.

38 40.4 52.1 50.8

#### Residents requiring restraints.

38 40.4 40.3 41.3

#### Confused or disoriented residents.

42 44.7 57.4 58.4

#### Residents with bed sores.

6 6.4 7.8 7.1

#### Residents receiving special skin care.

40 42.6 34.0 31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LUTHER WOODS CONV CTR

<b>Street Address:</b>		<b>City and State:</b>	
313 COUNTY LINE RD		HATBORO PA 19040	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	140	PROPRIETARY	05/05/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
138	5	31	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	81	58.7	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	118	85.5	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	106	76.8	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	73.9	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	113	81.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	11	8.0	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	55	39.9	34.9	37.7
<b>Completely bedfast residents.</b>	4	2.9	2.3	3.4
<b>Residents confined to chairs.</b>	105	76.1	52.1	50.8
<b>Residents requiring restraints.</b>	68	49.3	40.3	41.3
<b>Confused or disoriented residents.</b>	97	70.3	57.4	58.4
<b>Residents with bed sores.</b>	11	8.0	7.8	7.1
<b>Residents receiving special skin care.</b>	94	68.1	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	7	1.2	201	2.1
MET	12	2.1	518	5.5
MET	4	0.7	168	1.8
MET	30	5.1	806	8.5
MET	42	7.2	1618	17.1
MET	1	0.2	36	0.4
MET	4	0.7	205	2.2
MET	1	0.2	30	0.3
MET	7	1.2	145	1.5
MET	2	0.3	49	0.5
MET	24	4.1	508	5.4
MET	49	8.4	2816	29.8
MET	34	5.8	1733	18.3
MET	22	3.8	1052	11.1
MET	55	9.4	1512	16.0
MET	21	3.6	1665	17.6

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## HAVERFORD STATE HOSP BLDG 13 GLENSIDE

<b>Street Address:</b>		<b>City and State:</b>	
3500 DARBY ROAD		HAVERFORD PA 19041	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	76	STATE GOVERNMENT	06/30/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
71	0	71		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	48	67.6	79.6	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	43	60.6	83.9	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	43	60.6	73.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	57.7	76.0	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	45	63.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	7	9.9	7.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	29	40.8	34.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.3	3.4
<b>Residents confined to chairs.</b>	16	22.5	52.1	50.8
<b>Residents requiring restraints.</b>	9	12.7	40.3	41.3
<b>Confused or disoriented residents.</b>	35	49.3	57.4	58.4
<b>Residents with bed sores.</b>	22	31.0	7.8	7.1
<b>Residents receiving special skin care.</b>	27	38.0	34.0	31.2



## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

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Pennsylvania I

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